Only

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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Elise for Congress PO Box 500 ADDRESS (number and street) (Check if address is changed) Glens Falls 12801 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS compliance@complianceconsultingva.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.eliseforcongress.com (Check if address is changed) DATE 05 2018 C00547893 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Hobbs, Cabell, , , Type or Print Name of Treasurer Hobbs, Cabell, , , [Electronically Filed] 03 05 2018 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

	FF0 <b>-</b>	4 (Davis ad 00/0000)	
		rm 1 (Revised 02/2009)	Page 2
		OMMITTEE  Committee:	
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)	)
(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Cominformation below.)	plete the candidate
Nam Can	e of didate	Stefanik, Elise, M., ,	
	didate y Affiliati	on REP Office Sought: * House Senate President	State NY District 21
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Nam Cand	e of didate		
Par	ty Con	nmittee:	(D - m ki -
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Poli	itical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate secommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Join	t Fund	Iraising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

FEC Form 1 (Revi	ised 02/2009)	Page <b>3</b>
Write or Type Committee	Name	
Elise for Con	gress	
. Name of Any Connec	ted Organization, Affiliated Committee, Joint Fundraising Representative	e, or Leadership PAC Sponsor
ELISE VICTORY F	-UND 	
Mailing Address	PO BOX 500	
	GLENS FALLS NY	12801 
	CITY STATE	ZIP CODE
Custodian of Records books and records.	: Identify by name, address (phone number optional) and position of the	person in possession of committe
Hobb	os, Cabell, , ,	
Full Name	,PO Box 365	
Mailing Address		
	McLean , VA ,	,22101
	McLean VA	
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	
	ne and address (phone number optional) of the treasurer of the committee e.g., assistant treasurer).	e; and the name and address of
Full Name Hobb of Treasurer	s, Cabell, , ,	
Mailing Address	PO Box 365	
	McLean VA CITY STATE	22101   ZIP CODE
Title or Position Treasurer		ZIP CODE
	Telephone number	

FEC Form	1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Hobbs, Cabell, , ,	
Mailing Address	PO Box 365	
	···	
	McLean VA 22101  CITY STATE ZII	P CODE
Title or Position Treasurer	Telephone number	
Banks or Other safety deposit bo Name of Bank, D	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a xes or maintains funds.  Depository, etc.	accounts, rents
	BB&T	
Mailing Address	1909 K Street NW	
	Washington DC 20006	
	CITY STATE ZI	P CODE
Name of Bank, D	Depository, etc.	
	Chain Bridge Bank	
Mailing Address		
	McLean VA 22101	
	CITY STATE ZI	P CODE

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(g) c	or(h). <b>Joint Fundraisin</b>	g Participant:	
	1.		FEC ID number
	2.		FEC ID number
	3.		FEC ID number C
	4		FEC ID number
6.		Organization, Affiliated Committee, Joint Fundra ctory Committee 2017	nising Representative, or Leadership PAC Sponsor
	Mailing Address	824 S Milledge Ave Ste 101	
		Athens	GA   30605
	Relationship:	CITY ▲	STATE ▲ ZIP CODE ▲
	Connected	d Organization Affiliated Committee	Fundraising Representative Leadership PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)	
	Full Name		
	Mailing Address		
	TITLE OR POSITION	▼ CITY ▲	STATE ▲ ZIP CODE ▲
		Tele	ephone Number
	safety deposit boxes or many Name of Bank, Wells I	intains funds.	he committee deposits funds, holds accounts, rents
	Depository, etc.	420 Montgomery Street	
	Mailing Address		
		San Francisco	CA 94104

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

5(g) or (h). <b>Joint Fundraising</b>	Participant:		
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
Mailing Address	Po Box 98		
	<u> </u>		
	South Salem	NY	10590
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connected (	Organization Affiliated Committee	undraising Representa	ative Leadership PAC Sponsor
Connected			_
	y name, address (phone number – optional)		
8. <b>Designated Agent:</b> Identify b			
8. <b>Designated Agent:</b> Identify b			
8. <b>Designated Agent:</b> Identify b			
8. <b>Designated Agent:</b> Identify b	y name, address (phone number – optional)	STATE A	ZIP CODE A
8. <b>Designated Agent:</b> Identify b	y name, address (phone number – optional)  CITY	STATE A	
8. Designated Agent: Identify by Full Name     Mailing Address	y name, address (phone number – optional)  CITY  Tele  S: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦
8. Designated Agent: Identify by Full Name	y name, address (phone number – optional)  CITY  Tele  S: List all banks or other depositories in which the	ephone Number	ZIP CODE 🛦

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

5(a)	or(h). <b>Joint Fundraising</b>	Participant:		
~(g)	1.	, . <del></del>	FEC ID number	C
	2.		FEC ID number	C
	3.		FEC ID number	C
			FEC ID number	С
	4.			
6.	Name of Any Connected C	Organization, Affiliated Committee, Joint Fur	ndraising Representation	ve, or Leadership PAC Sponsor
	Mailing Address	PO BOX 2485		
		SPRINGFIELD	VA VA	22152
	Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	Connected	Organization Affiliated Committee	int Fundraising Represen	tative Leadership PAC Sponsor
8.		by name, address (phone number - optional)		
8.	Full Name	by name, address (phone number – optional)		
8.		by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	by name, address (phone number – optional)		
8.	Full Name	CITY A	STATE A	ZIP CODE A
8.	Full Name Mailing Address	CITY A	STATE A Telephone Number	ZIP CODE A
8. 9.	Full Name Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main	CITY A  es: List all banks or other depositories in which	Telephone Number	
	Full Name Mailing Address  TITLE OR POSITION Y	CITY A  es: List all banks or other depositories in which	Telephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositori safety deposit boxes or main Name of Bank,	CITY A  es: List all banks or other depositories in which	Telephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main  Name of Bank, Depository, etc.	CITY A  es: List all banks or other depositories in which	Telephone Number	
	Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or main  Name of Bank, Depository, etc.	CITY A  es: List all banks or other depositories in which	Telephone Number	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
	d Organization, Affiliated Committee, Joint Fun	draising Representativ	e, or Leadership PAC Spon
STEFANIK VICT	ORY FUND		
	<sub> </sub> PO BOX 9891		
Mailing Address			
	ARLINGTON	VA VA	22219
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		int Fundraising Represent	ative Leadership PAC Sp
	Affiliated Committee X Jo  fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi		int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi	fy by name, address (phone number – optional)	int Fundraising Represent	ative Leadership PAC S
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional)	sint Fundraising Represent	
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank,	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identii  Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identic Full Name	fy by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

1.		FEC II	O number	С
2.		 , ,   FEC II	O number	С
3.		FEC II	O number	С
4.		FEC II	O number	C
lame of Any Connected (	Organization, Affiliated Committee, Joi	int Fundraising Re	presentativ	e, or Leadership PAC Spon
Strengthen Americ	a Committee			
	138 Conant Street 2nd Floor			
Mailing Address				
	Davarda		NAA	01015
5.1	Beverly		L MA	01915
Relationship:	CITY ▲	_	STATE ▲	ZIP CODE ▲
Full Name				
Mailing Address				
Mailing Address				
Mailing Address				
Mailing Address  TITLE OR POSITION	CITY A		STATE A	ZIP CODE A
	CITY A	Telephone N		ZIP CODE A
TITLE OR POSITION	<u> </u>		lumber	
TITLE OR POSITION	ies: List all banks or other depositories		lumber	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,	ies: List all banks or other depositories		lumber	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or main arms of Bank,	ies: List all banks or other depositories		lumber	
TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mai ame of Bank, epository, etc.	ies: List all banks or other depositories		lumber	

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

h). <b>Joint Fundraisin</b>		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
	Organization, Affiliated Committee, Joint Funda	raising Representative	e, or Leadership PAC Spon
Winning Women \	/ictory Committee		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		: Fundraising Representa	ative Leadership PAC S
Connected	Affiliated Committee	Fundraising Representa	ative Leadership PAC S
Connected esignated Agent: Identify		Fundraising Representa	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name		Fundraising Representation	Leadership PAC S
esignated Agent: Identify  Full Name  Mailing Address	by name, address (phone number – optional)	Fundraising Representation	Leadership PAC S
Connected esignated Agent: Identify Full Name	by name, address (phone number – optional)  CITY		
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION	by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION anks or Other Depositor	r by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank,	r by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or mail ame of Bank,	r by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Depositor afety deposit boxes or matame of Bank, epository, etc.	r by name, address (phone number – optional)  CITY   Te	STATE A	ZIP CODE A