

48-HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL Elise for Congress			
ADDRESS (number and street) PO Box 500			
CITY Glens Falls		STATE NY	ZIP CODE 12801
2. NAME OF CANDIDATE Stefanik, Elise, M., ,		3. OFFICE SOUGHT (State and District) House NY 21	
4. FEC IDENTIFICATION NUMBER C00547893			
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON ____ / ____ / ____			
A. FULL NAME ASNESS, CLIFF, , ,			
MAILING ADDRESS 750 THIRD AVE. 11TH FL.		Name of Employer AQR CAPITAL MANAGEMENT	
CITY NEW YORK		STATE NY	ZIP CODE 10017-2703
		Transaction ID : TX16827	
		Occupation ATTORNEY	
		Date (month, day, year) 10/25/2018	Amount 2700.00
B. FULL NAME ASNESS, LAUREL, , ,			
MAILING ADDRESS 750 THIRD AVE. 11TH FL.		Name of Employer N/A	
CITY NEW YORK		STATE NY	ZIP CODE 10017-2703
		Transaction ID : TX16828	
		Occupation HOMEMAKER	
		Date (month, day, year) 10/25/2018	Amount 2700.00
C. FULL NAME STRAIGHT, CANDY, , ,			
MAILING ADDRESS 518 E. PASSAIC AVE.		Name of Employer SELF	
CITY BLOOMFIELD		STATE NJ	ZIP CODE 07003-5315
		Transaction ID : TX16829	
		Occupation INDEPENDENT DIRECTOR	
		Date (month, day, year) 10/25/2018	Amount 1000.00
D. FULL NAME			
MAILING ADDRESS		Name of Employer	
CITY		STATE	ZIP CODE
		Occupation	
		Date (month, day, year)	Amount
E. FULL NAME			
MAILING ADDRESS		Name of Employer	
CITY		STATE	ZIP CODE
		Occupation	
		Date (month, day, year)	Amount
SIGNATURE (optional) Hobbs, Cabell, , ,		DATE 10/25/2018	
[Electronically Filed]		For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100	

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