FEC FORM 2 STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full)								
Stefanik, Elise, M., , (b) Address (number and street) PO Box 500	(b) Address (number and street)				2. Candidate's FEC Identification Number			
				H4NY2				
(c) City, State, and ZIP Code Glens Falls	NY	3. Is This Staten		OR	Amended (A)			
4. Party Affiliation	5. Office Sought		6. State & Distr		date			
REPUBLICAN PARTY	House		NY	21				
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE								
7. I hereby designate the following nat	med political committee as m	y Principal (Campaign Comm	nittee for the	year of electio	_ election(s). n)		
NOTE: This designation should be	iled with the appropriate offic	e listed in th	e instructions.					
(a) Name of Committee (in full) Elise for Congress								
(b) Address (number and street) PO Box 500								
(c) City, State, and ZIP Code								
Glens Falls			NY	12801	1			
 8. I hereby authorize the following nan candidacy. NOTE: This designation should be for a structure (a) Name of Committee (in full) ELISE VICTORY FUNCTORY FUNCTION CONTINUES 	iled with the principal campai			nmittee, to re	eceive and expe	nd funds on bo	ehalf of my	
ELISE VICTORT FU	JND							
(b) Address (number and street) PO BOX 500								
(c) City, State, and ZIP Code								
GLENS FALLS			NY	12801				
I certify that I have exa	mined this Statement and to	the best of i	my knowledge al	nd belief it is	s true, correct an	d complete.		
Signature of Candidate				Date				
Stefanik, Elise, , ,		[Elect	ronically Filed]	11/17/20	22			
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.								
						FEC FOR	M 2 (REV. 02/2009)	