

Image# 202001279167378897

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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Stefanik, Elise, M., ,			2. Candidate's FEC Identification Number H4NY21079		
(b) Address (number and street) PO Box 500			<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code Glens Falls NY 12801			3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought House		6. State & District of Candidate NY 21	

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 election(s).
(year of election)

NOTE: This designation should be filed with the appropriate office listed in the 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		

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.

NOTE: This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full) Elise Victory Fund		
(b) Address (number and street) PO Box 500		
(c) City, State, and ZIP Code Glens Falls NY 12801		

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Signature of Candidate Hobbs, Cabell, , , [Electronically Filed]	Date 01/27/2020
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 2 of 4

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

NY Congressional Victory Fund

(b) Address (number and street)

228 S. Washington Street
Suite 115

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

RISE PROJECT

(b) Address (number and street)

PO BOX 2485

(c) City, State, and ZIP Code

SPRINGFIELD

VA

22152

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Strengthen America Committee

(b) Address (number and street)

138 Conant Street 2nd Floor

(c) City, State, and ZIP Code

Beverly

MA

01915

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

New York Majority Victory

(b) Address (number and street)

PO Box 98

(c) City, State, and ZIP Code

South Salem

NY

10590

Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

Page 3 of 4**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Winning Women Victory 2018

(b) Address (number and street)

228 S. Washington Street

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

GOP Winning Women

(b) Address (number and street)

228 S. Washington Street

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Americans United for Freedom

(b) Address (number and street)

228 S. Washington Street

(c) City, State, and ZIP Code

Alexandria

VA

22314

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Winning Women GOP California

(b) Address (number and street)

228 S. Washington Street

(c) City, State, and ZIP Code

Alexandria

VA

22314

Optional Supplemental Page for Designation
of Additional Authorized CommitteesPage 4 of 4

FEC Form 2S (Revised 02/2017)

DESIGNATION OF OTHER AUTHORIZED COMMITTEES

(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Take Back the House 2020

(b) Address (number and street)

PO Box 30844

(c) City, State, and ZIP Code

Bethesda

MD

20824

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Fresh Voices Fund

(b) Address (number and street)

Po Box 365

(c) City, State, and ZIP Code

McLean

VA

22101

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Support Republican Women JFC

(b) Address (number and street)

Po Box 26141

(c) City, State, and ZIP Code

Alexandria

VA

22313

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. **NOTE:** This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

Great New York Fund

(b) Address (number and street)

PO Box 341027

(c) City, State, and ZIP Code

Austin

TX

78734