Image# 14970759903				09/13/2014 11 : 13
FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 6
			(Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Elise for Congres	SS			
ADDRESS (number and street)	PO Box 338			
(Check if address is changed)	Willsboro		NY 12	2996
			STATE ▲	
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	compliance@complian	ceconsultingva.com		
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE AD	DRESS (URL)			
	3 / Y Y Y Y 2014			
3. FEC IDENTIFICATION N	UMBER ► C c	00547893		
4. IS THIS STATEMENT	NEW (N) OR	× AMENDED (A)		
I certify that I have examined t	his Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasure	er James E. Morris			
Signature of Treasurer	es E. Morris	[Electronically Filed]	Date	/ D D / Y Y Y Y 13 2014
NOTE: Submission of false, error		may subject the person signing t ON SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

F	FEC Fo	rm 1 (Revised 02/2009)	Page 2
TYPE	E OF C	OMMITTEE	-
Can	didate	e Committee:	
(a)	X	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. (Compinformation below.)	blete the candidate
Name Cand	e of lidate	Elise M. Stefanik	
	lidate Affiliati	on REP Office Sought: X House Senate President	State NY District 21
(C)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand	e of lidate		
Part	ty Con	nmittee:	
(d)			Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its conn	nected organization is a
		Corporation Corporation w/o 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 seg committee. (i.e., nonconnected committee)	gregated 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 two committees/organizations, at least one of which is an authorized committee of a federal candidate.	o 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.	o or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.	EC ID number	

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Write or Type Committee Name

Elise for Congress

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N	IY Congressio	onal Victory Fund					
	Mailing Address	228 S. Washington St					
	0	Ste. 115					
		Alexandria	VA 22314				
		CITY	STATE ZIP CODE				
	Relationship: Connected Organization Affiliated Committee X Joint Fundraising Representative Leadership PAC Sponsor						
7.	Custodian of Re books and record	cords: Identify by name, address (phone number optional) and po	sition of the person in possession of committee				
		Cabell Hobbs					
	Full Name						

Full Name				
Mailing Address	PO Box 365			
	McLean		VA 2210	01
Title or Position	CITY		STATE	ZIP CODE
Assistant Treasurer		Telephone n	umber 202	345 1213

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	James E. Morris
Mailing Address	146 McDougal Road
	Argyle
	CITY STATE ZIP CODE
Title or Position	Image: Telephone number 202 - 345 - 1213 Image: Telephone number Image: Telephone number Image: Telephone number - <

Full Name of Designated Agent	Cabell Hobb)S																								
Mailing Address		PO Box 365																								
		McLean												V	A			22	2101							
					CIT	Y							\$	STA	TE					Ζ	IP (COE	DE			
Title or Position	urer								Tele	epho	one	nu	ımb	er			202	2	-[34	45			12	13	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

BB&T			
Mailing Address	1909 K Street NW		
	Washington		
	CITY	STATE	ZIP CODE
Name of Bank, Depository, e	tc.		
First Ni			
Mailing Address	13 Maple Ave		
	Voorheesville	NY 12186	
	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safely deposit boxes or maintains funds. Name of Bank, Depository, etc. Amiling Address	FEC Form 1G (Revised	3 06/2011)		Page 5
	safety deposit boxes or maint	tains funds.		
IADDITIONAL Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address 228 S. Washington St 41 + 1 + 1 + 1 + 1 + 1 + 1 +	Mailing Address			
IADDITIONAL Mailing Address 228 S. Washington St 1 1 Mailing Address 223 S. Washington St Ster. 115 Alexandria VA 22314 Affiliated Committee Statte ZiP coDe Stationship: CITY Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Designated Agent [ADDITIONAL] Full Name				
IADDITIONAL Ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Mailing Address 228 S. Washington St 4.1.1.1.1.1.1.1.1.1.1.1.1.1.				
Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor Winning Women Aution Address		CITY 🗖	STATE 🗖	ZIP CODE 🔺
Mailing Address 228 S. Washington St Ste. 115		rganization, Affiliated Committee, Joint Fundraising F	Representative, or Lead	[ADDITIONAL ership PAC Sponsor
Mailing Address Ste. 115 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA 22314 Alexandria VA Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor Image: Connected Organization Posignated Agent Full Name Mailing Address				
Mailing Address Mailing Address Ste. 115 Alexandria City Title or Position City Title or Position City Title or Position City Telephone number Telephone number Telephone number		228 S. Washington St		
Alexandria	Mailing Address			
Interview Interview				22314
Atfiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
Designated Agent [ADDITIONAL] Full Name	elationship:	CITY	STATE 📥	ZIP CODE 📥
Designated Agent Full Name Mailing Address	Connected Organization	Affiliated Committee X Joint Fundraising F	Representative Lea	dership PAC Sponsor
Mailing Address Title or Position ♥ CITY ● STATE ● ZIP CODE ● Telephone number	Designated Agent			[ADDITIONAL]
Title or Position CITY Title or Position Telephone number	Full Name			
	Mailing Address			
	Title or Position	CITY 📥	STATE	ZIP CODE 📥
Joint Fundraiser Participant [ADDITIONAL]		Telep	phone number	
•	Joint Fundraiser Participan	t		[ADDITIONAL]

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, e	tains funds.	iittee deposits funds, ł	olds accounts, rents
Mailing Address			
	CITY 🗖	STATE 🗖	ZIP CODE 🔺
Name of Any Connected O Young Guns Day III	rganization, Affiliated Committee, Joint Fundraising Rep 2014	presentative, or Lead	[ADDITIONAL ership PAC Sponsor
Mailing Address	228 S. Washington Street SE		
	Washington I		22314
elationship:	CITY	STATE 📥	ZIP CODE 📥
Connected Organization	Affiliated Committee X Joint Fundraising Rep	presentative Lea	dership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
Title or Position 🖤	CITY 🌢	STATE	ZIP CODE
	Telepho	one number	
Joint Fundraiser Participa	nt		[ADDITIONAL]
		C ID number C	