Image# 201804049101018906 PAGE 1 / 3

FEC FORM 2

STATEMENT OF CANDIDACY

1.								
	(a) Name of Candidate (in full)							
	Stefanik, Elise, M., ,	971	N - 1/2 - 1/2			0.0	1-1	le consile a se
	(b) Address (number and street) PO Box 500	€(Check if addre	ss cnanged		2. Candidate's FEC H4NY21079	identification r	Number
	(c) City, State, and ZIP Code					3. Is This	New	Amended
	Glens Falls		N)	/ 1280		Statement	(N) OR	x (A)
4.	Party Affiliation	5. Office Sou				rict of Candidate		
	REPUBLICAN PARTY	House			NY	21		
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE							
7.	I hereby designate the following nar	med political co	ommittee as n	ny Principal	Campaign Comm		election) electi	on(s).
	NOTE: This designation should be f	iled with the a	opropriate offi	ce listed in t	he instructions.			
	(a) Name of Committee (in full)							
	Elise for Congress							
	(b) Address (number and street) PO Box 500							
	1 0 200000							
	(c) City, State, and ZIP Code							
	Glens Falls				NY	12801		
	DE			_	_	COMMITTEES		
		(Including Joir	nt Fundraisir	ng Representative	es)		
8.	I hereby authorize the following nancandidacy.	ned committee	, which is NO	T my princip	al campaign com	nmittee, to receive and	d expend funds	on behalf of my
	NOTE: This designation should be f	iled with the pi	incipal campa	aign committ	ee.			
	(a) Name of Committee (in full)							
	, ,							
	Elise Victory Fund							
	(b) Address (number and street)							
	(b) Address (number and street)							
	(b) Address (number and street) Po Box 500				NY	12801		
	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code	mined this Sta	tement and to	o the best of			rect and compi	lete.
Sii	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have example of the state of th	mined this Sta	tement and to	the best of		nd belief it is true, con	rect and compl	lete.
	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have example of Candidate	mined this Sta	tement and to		my knowledge al	nd belief it is true, con	rect and compi	lete.
	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have example of the state of th	mined this Sta	tement and to			nd belief it is true, con	rect and compi	lete.
H	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have example of Candidate			[Elec	my knowledge al	Date 04/04/2018		
H	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have examinating the state of Candidate Tobbs, Cabell, , ,			[Elec	my knowledge al	Date 04/04/2018		
H	(b) Address (number and street) Po Box 500 (c) City, State, and ZIP Code Glens Falls I certify that I have examinating the state of Candidate Tobbs, Cabell, , ,			[Elec	my knowledge al	Date 04/04/2018		

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	3	
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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						
	(c) City, State, and ZIP Code						
	Alexandria	VA	22314				
		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)						
	Millennial GOP Victory Committee 2017						
	(b) Address (number and street) 824 S Milledge Ave Ste 101						
	(c) City, State, and ZIP Code						
	Athens	GA	30605				
8.	I hereby authorize the following named committee, which is NOT my princandidacy. NOTE: This designation should be filed with the principal can (a) Name of Committee (in full) Winning Women Victory Committee		•	f my			
	(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 prin candidacy. NOTE : This designation should be filed with the principal can		•	f my			
	(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				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Paga	3 of	3
Page	, OI	-

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) Strengthen America Committee						
	(b) Address (number and street) 138 Conant Street 2nd Floor						
	(c) City, State, and ZIP Code						
	Beverly	MA	01915				
8.	candidacy. NOTE: This designation should be filed with the p	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				
8.	I hereby authorize the following named committee, which is Notandidacy. NOTE: This designation should be filed with the particle. (a) Name of Committee (in full) Winning Women Victory 2018			n behalf of my			
	(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 N candidacy. NOTE : This designation should be filed with the p (a) Name of Committee (in full)			n behalf of my			
8.	candidacy. NOTE: This designation should be filed with the p			n behalf of my			