Image# 202408169666374054 PAGE 1 / 4

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Gillibrand, Kirsten, , ,					
	(b) Address (number and street) PO Box 150516	ЦС	heck if addre	ss changed	1	Candidate's FEC Identification Number S0NY00410
	(c) City, State, and ZIP Code					3. Is This New Amended
	Brooklyn		NY	112		Statement (N) OR X (A)
4.	Party Affiliation	5. Office Soug	ht			trict of Candidate
	DEMOCRATIC PARTY	Senate			NY	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI	N COMMITTEE
7.	I hereby designate the following nar	med political co	mmittee as m	ny Principal	Campaign Comr	nittee for the $\frac{2024}{\text{(year of election)}}$ election(s).
	NOTE: This designation should be f	iled with the ap	propriate offi	ce listed in	the instructions.	
	(a) Name of Committee (in full)					
	Gillibrand for Senate	9				
	(b) Address (number and street)					
	PO Box 150516					
	(c) City, State, and ZIP Code					
	Brooklyn				NY	11215
	DE				THORIZED ng Representativ	COMMITTEES res)
0	I havaby a tha rise the fallowing some		which is NO	T many marina air		remitted to receive and expend funds on hehelf of rev
0.	candidacy.	ned committee,	WILICIT IS INO	i my piinci	oai campaigh coi	nmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign commi	tee.	
	(a) Name of Committee (in full)					
	Gillibrand Victory Fu	und				
	(b) Address (number and street)					
	124 Washington St., Suite 101	1				
	(c) City, State, and ZIP Code					
	Foxboro				MA	02035
	I certify that I have exa	mined this Stat	tement and to	the best o	f my knowledge a	and belief it is true, correct and complete.
Sic	gnature of Candidate					Date
Gi	illibrand, Kirsten, , ,					08/16/2024
NC	OTE: Submission of false, erroneous	, or incomplete	information n	nay subject	the person signi	ng this Statement to penalties of 2 U.S.C. §437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	4	
rage	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)						
	Financial Innovation Victory Committee						
	(b) Address (number and street)						
	502 Monroe Street						
	(c) City, State, and ZIP Code						
	Newport	KY	41071				
8.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE : This designation should be filed with the principal calculations.			nds on behalf of my			
	(a) Name of Committee (in full)						
	New York Majority Fund						
	(b) Address (number and street)						
	124 Washington St.						
	Suite 101 (c) City, State, and ZIP Code						
	Foxboro	MA	02035				
8.	I hereby authorize the following named committee, which is NOT my procandidacy. NOTE: This designation should be filed with the principal care. (a) Name of Committee (in full)			nds on behalf of my			
	Gillibrand Baldwin Victory Fund						
	(b) Address (number and street) 124 Washington Street						
	Suite 101						
	(c) City, State, and ZIP Code						
	Foxboro	MA	02035				
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 Senate Victory 2024						
	(b) Address (number and street) 120 Maryland Ave, NE						
	(c) City, State, and ZIP Code						
	Washington	DC	20002				

Washington

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	3 of 4	
Page	01	

		OTHER AUTHORIZE g Joint Fundraising Represent		
8.	I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the			pend funds on behalf of my
	(a) Name of Committee (in full)			
	Justice 2024			
	(b) Address (number and street)			
	600 Pennsylvania Ave SE Suite 15180			
	(c) City, State, and ZIP Code			
	Washington	DC	20003	
8.	I hereby authorize the following named committee, which is candidacy. NOTE: This designation should be filed with the (a) Name of Committee (in full) Gillibrand Baldwin Slotkin Victory Fur	e principal campaign committe	•	pend funds on behalf of my
	(b) Address (number and street)			
	124 Washington St			
	Suite 101			
	(c) City, State, and ZIP Code Foxboro	840	02035	
	POXDOIO	MA	02033	
8.	I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the (a) Name of Committee (in full)			pend funds on behalf of my
	Blue Senate 2024			
	(b) Address (number and street) 600 Pennsylvania Ave, SE			
	Suite 15180 (c) City, State, and ZIP Code			
	Washington	DC	20003	
8.	I hereby authorize the following named committee, which is candidacy. NOTE : This designation should be filed with the	,, , ,	· ·	pend funds on behalf of my
	(a) Name of Committee (in full)			
	Fab Four for Senate			
	(b) Address (number and street)			
	611 Pennsylvania Ave, SE			
	Suite 143			
	(c) City, State, and ZIP Code			

DC

20003

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	⁴ of ⁴	
raue	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)
	Upstate Victory Fund
	(b) Address (number and street) 124 Washington St Suite 101
	(c) City, State, and ZIP Code Foxboro MA 02035
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)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
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)
	(b) Address (number and street)
	(c) City, State, and ZIP Code
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)
	(a) Name of Committee (in full) (b) Address (number and street)
	(c) City, State, and ZIP Code