Image# 202407029652555086 PAGE 1 / 4

#### FEC FORM 2

#### STATEMENT OF CANDIDACY

_						
1.	(a) Name of Candidate (in full) Gillibrand, Kirsten, , ,					
	(b) Address (number and street)	ПС	heck if addre	ss changed		2. Candidate's FEC Identification Number
	PO Box 150516		ook ii dadi o	oo onangoa		S0NY00410
	(c) City, State, and ZIP Code					3. Is This New Amended
	Brooklyn		NY	1121		Statement (N) OR X (A)
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug Senate			6. State & Dis	trict of Candidate
	DEMOCRATIC PARTY	Seriale			INI	
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE
7.	I hereby designate the following nar	med political co	ommittee as m	ny Principal (	Campaign Com	mittee for the 2024 election(s). (year of election)
	NOTE: This designation should be f	iled with the ap	opropriate offic	ce listed in t	ne instructions.	
	(a) Name of Committee (in full)					
	Gillibrand for Senate	e				
	(b) Address (number and street)					
	PO Box 150516					
	(c) City, State, and ZIP Code					
	Brooklyn				NY	11215
	DE	SIGNATIO	N OF OTI	HER AU	THORIZED	COMMITTEES
					g Representativ	
8	I hereby authorize the following pan	ned committee	which is NO	T my princip	al campaign co	mmittee, to receive and expend funds on behalf of my
0.	candidacy.		, which is the	i my pimoip	ar campaign coi	innition, to receive and expenditioned on bondin or my
	NOTE: This designation should be f	iled with the pr	incipal campa	ign committe	ee.	
	(a) Name of Committee (in full)					
	Gillibrand Victory F	und				
	(b) Address (number and street)					
	124 Washington St., Suite 101					
	(c) City, State, and ZIP Code					
	Foxboro				MA	02035
	<u> </u>	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true, correct and complete.
Si	gnature of Candidate					Date
G						
	illibrand, Kirsten, , ,					07/02/2024
	illibrand, Kirsten, , ,					07/02/2024
NC		, or incomplete	information m	nay subject t	he person signi	07/02/2024  ng this Statement to penalties of 2 U.S.C. §437g.
NC		, or incomplete	information m	nay subject t	he person signi	
NC		, or incomplete	information m	nay subject t	he person signi	

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>2</sup> of	4
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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. <b>NOTE</b> : 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				
3.	I hereby authorize the following named committee, which is NOT my pricandidacy. <b>NOTE</b> : This designation should be filed with the principal can			oehalf of my			
	(a) Name of Committee (in full)						
	Women Senators Making History						
	(b) Address (number and street) 600 Pennsylvania Ave, SE Suite 15180						
	(c) City, State, and ZIP Code Washington	DC	20003				
3.	I hereby authorize the following named committee, which is NOT my pricandidacy. NOTE: This designation should be filed with the principal cate.  (a) Name of Committee (in full)  New York Majority Fund			pehalf of my			
	(b) Address (number and street)						
	124 Washington St.						
	Suite 101 (c) City, State, and ZIP Code						
	Foxboro	MA	02035				
3.	I hereby authorize the following named committee, which is NOT my pricandidacy. <b>NOTE</b> : This designation should be filed with the principal ca			pehalf of my			
	(a) Name of Committee (in full)						
	Gillibrand Baldwin Victory Fund						
	(b) Address (number and street) 124 Washington Street						
	Suite 101						
	(c) City, State, and ZIP Code		2222				
	Foxboro	MA	02035				

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>3</sup> of	4	
Page	. 01		

#### **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. <b>NOTE</b> : 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		
8.	I hereby authorize the following named committee, which is NOT my princicandidacy. <b>NOTE</b> : This designation should be filed with the principal camp				
	(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 NOT my principal candidacy. NOTE: This designation should be filed with the principal camp (a) Name of Committee (in full)  Gillibrand Baldwin Slotkin 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 princicandidacy. NOTE: This designation should be filed with the principal campa  (a) Name of Committee (in full)				
	Blue Senate 2024				
	(b) Address (number and street) 600 Pennsylvania Ave, SE				
	Suite 15180 (c) City, State, and ZIP Code				
	Washington	DC	20003		

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

Page	<sup>4</sup> of <sup>4</sup>	
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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. <b>NOTE</b> : This designation should be filed with the principal campaign committee.				
	(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				
	Washington DC 20003				
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. <b>NOTE</b> : 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. <b>NOTE</b> : 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. <b>NOTE</b> : 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				