

# FEC FORM 2 STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Mrs. Kirsten Elizabeth Gillibrand			2. Identification Number H6NY20167	
(b) Address (number and street) 358 Mount Merino Road		<input type="checkbox"/> Check if address changed		
(c) City, State and ZIP Code Hudson NY 12534		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate NY 20		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2010 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) Gillibrand for Congress		
(b) Address (number and street) P.O. Box 15734		
(c) City, State and ZIP Code Washington DC 20003		

### 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 Grassroots Victory 2008		
(b) Address (number and street) 1341 G Street, NW Suite 740		
(c) City, State and ZIP Code Washington DC 20005		

### DECLARATION OF INTENT TO EXPEND PERSONAL FUNDS (House or Senate Only)

9. I intend to expend personal funds exceeding the threshold amount (see 11 C.F.R. 400.9) by

9A	<input type="text" value="0.00"/>	for the primary election, and
9B	<input type="text" value="0.00"/>	for the general election.

If you do not intend to expend personal funds exceeding the threshold amount for either election, you must enter "0.00" for each.

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

<b>Signature of Candidate</b> Kirsten Gillibrand	<b>Date</b> 11/26/2008
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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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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES**

**[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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.

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(a) Name of Committee (in full)

Grassroot Gains Committee

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(b) Address (number and street)

1341 G Street, Ste. 740

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(c) City, State and ZIP Code

Washington

20005

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