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#### 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. Candidat	e's FEC Ident	ification	Number
	PO Box 150516		oon ii aaaio	oo onangoa		S0NY00			
	(c) City, State, and ZIP Code					3. Is This			Amended
	Brooklyn		NY	1121	-	Statem	( )	OR	× (A)
4.	Party Affiliation DEMOCRATIC PARTY	5. Office Soug Senate			6. State & Dis	trict of Candida	ate		
	DEMOCRATIC PARTY	Seriale			INI				
	D	ESIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMI	TTEE		
7.	I hereby designate the following r	named political co	ommittee as m	ny Principal (	Campaign Com		2024 (year of electi		ion(s).
	NOTE: This designation should be	e filed with the ap	opropriate offi	ce listed in th	ne instructions.				
	(a) Name of Committee (in full)								
	Gillibrand for Sena	te							
	(b) Address (number and street)								
	PO Box 150516								
	(c) City, State, and ZIP Code								
	Brooklyn				NY	11215			
			Including Join	t Fundraisin	g Representativ	ves)		.,	
	I hereby authorize the following nandidacy.	amed committee	, which is NO	r my principa	al campaign co	mmittee, to red	ceive and exp	end fund	s on behalf of my
	NOTE: This designation should be	e filed with the pr	incipal campa	ign committe	ee.				
	(a) Name of Committee (in full)								
	Gillibrand Victory I	Fund							
	(b) Address (number and street)								
	124 Washington St., Suite 1	01							
	(c) City, State, and ZIP Code								
	Foxboro				MA	02035			
	I certify that I have e	xamined this Sta	tement and to	the best of	my knowledge a	and belief it is	true, correct a	nd comp	lete.
Siç	gnature of Candidate					Date			
Gi	illibrand, Kirsten, , ,					06/25/202	24		
NC	OTE: Submission of false, erroneou	us, or incomplete	information n	nay subject t	he person signi	ing this Statem	nent to penalti	es 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

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES** 

	(Including Joint Fundraising	Representative	es)
3.	B. I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign		mittee, to receive and expend funds on behalf of my
	(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
<b>3</b> .	B. I hereby authorize the following named committee, which is NOT my principal candidacy. <b>NOTE</b> : This designation should be filed with the principal campaign		nmittee, to receive and expend funds on behalf 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	OC .	20003
3.	a. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign (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	n committee.	nmittee, to receive and expend funds on behalf of my
_			
3.	a. I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign (a) Name of Committee (in full)  Gillibrand Baldwin Victory Fund  (b) Address (number and street)  124 Washington Street		mittee, to receive and expend funds on behalf of my
	Suite 101 (c) City, State, and ZIP Code		
		MA	02035

FEC Form 2S (Revised 02/2017)

# Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES

		ng Joint Fundraising Repres		-123	
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)				
	New York Senate Victory 2024				
	(b) Address (number and street)				
	120 Maryland Ave, NE				
	(c) City, State, and ZIP Code				
	Washington	DC	20002		
3.	I hereby authorize the following named committee, which i candidacy. <b>NOTE</b> : This designation should be filed with the		-	ve and expend funds on behalf of my	
	(a) Name of Committee (in full)				
	Take Back NY-3				
	(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 i candidacy. <b>NOTE</b> : This designation should be filed with the (a) Name of Committee (in full)		-	ve and expend funds on behalf of my	
	Justice 2024				
	(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 i		-	ve and expend funds on behalf of my	
	candidacy. <b>NOTE</b> : This designation should be filed with th  (a) Name of Committee (in full)	e principal campaign com	muee.		
	Gillibrand Baldwin Slotkin Victory Fu	nd			
	(b) Address (number and street)	-			
	124 Washington St				
	Suite 101				
	(c) City, State, and ZIP Code				
	Foxboro	MA	02035		

FEC Form 2S (Revised 02/2017)

## Optional Supplemental Page for Designation of Additional Authorized Committees

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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)				
	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 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. 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. <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				