

Image# 202111229468901436

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Gillibrand, Kirsten, , ,		
(b) Address (number and street) <input type="checkbox"/> Check if address changed 126 C Street NW 2nd Floor		2. Candidate's FEC Identification Number SONY00410
(c) City, State, and ZIP Code Washington DC 20001		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought Senate	6. State & District of Candidate NY

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 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 Senate		
(b) Address (number and street) 126 C Street, NW 2nd Floor		
(c) City, State, and ZIP Code Washington DC 20001		

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) Gillibrand Victory Fund		
(b) Address (number and street) 124 Washington St., Suite 101		
(c) City, State, and ZIP Code Foxboro MA 02035		

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

Signature of Candidate Gillibrand, Kirsten, , , <i>[Electronically Filed]</i>	Date 11/22/2021
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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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