

Image# 14952597489

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) <b>CHRISTOPHER P GIBSON</b>			2. Candidate's FEC Identification Number <b>HONY20095</b>	
(b) Address (number and street) <b>PO BOX 255</b>		<input checked="" type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code <b>KINDERHOOK NY 12106</b>		3. Is This Statement <input type="checkbox"/> New (N) <b>OR</b> <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation <b>REPUBLICAN PARTY</b>	5. Office Sought <b>House</b>	6. State & District of Candidate <b>NY 19</b>		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2016 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) <b>CHRIS GIBSON FOR CONGRESS</b>		
(b) Address (number and street) <b>PO BOX 255</b>		
(c) City, State, and ZIP Code <b>KINDERHOOK NY 12106</b>		

### 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) <b>(FRESHMAN HOLD'EM JFC) FRESHMAN HOLD'EM, STUTZMAN FOR CONGRESS, TOM REED FOR CONGRESS, DEN</b>		
(b) Address (number and street) <b>203 SOUTH UNION STREET STE 300</b>		
(c) City, State, and ZIP Code <b>ALEXANDRIA VA 22314</b>		

*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 <b>CHRISTOPHER P GIBSON</b>  <i>[Electronically Filed]</i>	Date <b>11/21/2014</b>
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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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**FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)**

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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.

(a) Name of Committee (in full)

(FRESHMAN HOLD'EM JFC) FRESHMAN HOLD'EM, STUTZMAN FOR CONGRESS, TOM REED FOR CONGRESS, DEN

(b) Address (number and street)

203 SOUTH UNION STREET  
STE 300

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

**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.

(a) Name of Committee (in full)

FRESHMAN AGRICULTURAL REPUBLICAN MEMBERS TRUST AKA FARM TRUST

(b) Address (number and street)

PO BOX 30844

(c) City, State and ZIP Code

BETHESDA

MD

20824

**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.

(a) Name of Committee (in full)

PATRIOT DAY I

(b) Address (number and street)

228 S WASHINGTON STREET  
SUITE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314-5404

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**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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(a) Name of Committee (in full)

GIBSON REED VICTORY FUND

(b) Address (number and street)

2470 DANIELLS BR RD STE 121

(c) City, State and ZIP Code

ATHENS

GA

30606

**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.

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(a) Name of Committee (in full)

NY CONGRESSIONAL VICTORY FUND

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

**DESIGNATION OF OTHER AUTHORIZED COMMITTEES****[ ADDITIONAL ]**

(Including Joint Fundraising Representatives)

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**NOTE:**This designation should be filed with the principal campaign committee.

(a) Name of Committee (in full)

PATRIOT DAY III 2014

(b) Address (number and street)

228 S WASHINGTON ST STE 115

(c) City, State and ZIP Code

ALEXANDRIA

VA

22314

# FORM 2S - STATEMENT OF CANDIDACY (Supplemental Page)

## 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.

(a) Name of Committee (in full)

NEW YORK MAJORITY FUND 2014

(b) Address (number and street)

PO BOX 9891

(c) City, State and ZIP Code

ARLINGTON

VA

22219

## 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.

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State and ZIP Code

## DESIGNATION OF OTHER AUTHORIZED COMMITTEES

[ ADDITIONAL ]

(Including Joint Fundraising Representatives)

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