

Image# 202302079578188605

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) GILBERT, MADISON, GESIOTTO, ,			2. Candidate's FEC Identification Number H2OH09163	
(b) Address (number and street) 645 HOWE AVE #1002		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code CUYAHOGA FALLS OH 44221		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		
4. Party Affiliation REPUBLICAN PARTY	5. Office Sought House	6. State & District of Candidate OH 13		

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) MADISON FOR CONGRESS		
(b) Address (number and street) 645 HOWE AVE #1002		
(c) City, State, and ZIP Code CUYAHOGA FALLS OH 44221		

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) GOP WINNING WOMEN MAJORITY MAKERS		
(b) Address (number and street) 228 S WASHINGTON ST STE 115		
(c) City, State, and ZIP Code ALEXANDRIA VA 22314		

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 GILBERT, MADISON, GESIOTTO, , [Electronically Filed]	Date 02/07/2023
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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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Optional Supplemental Page for Designation
of Additional Authorized Committees

FEC Form 2S (Revised 02/2017)

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)

TAKE BACK THE HOUSE 2022

(b) Address (number and street)

PO BOX 30844

(c) City, State, and ZIP Code

BETHESDA

MD

20824

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TAKE BACK THE HOUSE 2022

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(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