

Image# 202602109834300703

# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Gillibrand, Kirsten, , ,		
(b) Address (number and street) 124 Washington St Suite 101		<input checked="" type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Foxboro MA 02035		2. Candidate's FEC Identification Number SONY00410
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought Senate
		6. State & District of Candidate NY
3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)		

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2030 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) 124 Washington St Suite 101		
(c) City, State, and ZIP Code Foxboro MA 02035		

### 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, , ,	Date 02/10/2026
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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)

**New York Majority Fund**

(b) Address (number and street)

124 Washington St.  
Suite 101

(c) City, State, and ZIP Code

Foxboro MA 02035

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 Senate Fund**

(b) Address (number and street)

120 Maryland Ave NE

(c) City, State, and ZIP Code

Washington DC 20002

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)

**DSCC Chair Gillibrand Victory Fund**

(b) Address (number and street)

120 Maryland Ave, NE

(c) City, State, and ZIP Code

Washington DC 20002

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