FEC FORM 2

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(b) Address (number and street)	, Hon.,	
PO Box 34421	Check if address changed	2. Candidate's FEC Identification Number 2
(c) City, State, and ZIP Code Phoenix, AZ 85067		3. Is This New Statement (N) OR (A)
4. Party Affiliation DEM	5. Office Sought Senate	6. State & District of Candidate Az
DESIG	NATION OF PRINCIPAL C	
	med political committee as my Princip	
		(year of election)
NUTE: This designation should be file	ed with the appropriate office listed in t	he instructions.
(a) Name of Committee (in full)		
•		
Kirkpatrick for Senate		
(b) Address (number and street)		
PO Box 34421		
(c) City, State, and ZIP Code		
Phoenix, AZ 85067		
DESIG	NATION OF OTHER AUTH	
	(Including Joint Fundraising Re	epresentatives)
. I hereby authorize the following nar	ned committee, which is NOT my prin-	cipal campaign committee, to receive and expend funds
half of my candidacy.		to receive and expend funds
OTE: This designation should be stad		
acaidnarioù alloniù be lili60	with the principal campaign committee	Δ
	with the principal campaign committe	e .
	with the principal campaign committe	e .
	with the principal campaign committe	e.
	with the principal campaign committe	e.
(a) Name of Committee (in full) Boots in Action	with the principal campaign committe	е.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street)	with the principal campaign committe	e.
(a) Name of Committee (in full) Boots in Action	with the principal campaign committe	e.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way	with the principal campaign committe	е.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way c) City, State, and ZIP Code	with the principal campaign committe	e.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way	with the principal campaign committe	е.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, AZ 85042 I certify that I have examined the		
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, AZ 85042 I certify that I have examined the		owledge and belief it is true, correct and complete.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, AZ 85042 I certify that I have examined the		owledge and belief it is true, correct and complete.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, AZ 85042 I certify that I have examined the	nis Statement and to the best of my kn	owledge and belief it is true, correct and complete.
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, AZ 85042 I certify that I have examined the nature of Candidate	his Statement and to the best of my kn	owledge and belief it is true, correct and complete. Date 9 - 3 0 - /6
(a) Name of Committee (in full) Boots in Action (b) Address (number and street) 2910 E Gary Way (c) City, State, and ZIP Code Phoenix, Az 85042 I certify that I have examined the practice of Candidate	his Statement and to the best of my kn	owledge and belief it is true, correct and complete.

FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)	Page 2 /
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive a behalf of my candidacy.	and expend funds on
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Off the Sidelines Senate 2016	
(b) Address (number and street) 918 Pennsylvania Ave SE	
(c) City, State, and ZIP Code	
Washington, DC 20003	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive a behalf of my candidacy.	nd expend funds on
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Women on the Road 2016	
(b) Address (number and street) 120 Maryland Ave NE	
(c) City, State, and ZIP Code	
Washington, DC 20002	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
hereby authorize the following named committee, which is NOT my principal campaign committee, to receive an ehalf of my candidacy.	d expend funds on
OTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Take Back the Majority 2016	
b) Address (number and street) 918 Pennsylvania Ave SE	
c) City, State, and ZIP Code	
Washington, DC 20003	
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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FORM 2S - STATEMENT OF CANDIDACY (SUPPLEMENTAL PAGE)

FEC FORM 2 (REV. 02/2003)	Page 3 /
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	
Schumer Committee for the Majority	
(b) Address (number and street)	
120 Maryland Avenue NE	
(c) City, State, and ZIP Code	
Washington, DC 20002	
DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)	[ADDITIONAL]
I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and behalf of my candidacy.	l expend funds on
NOTE: This designation should be filed with the principal campaign committee.	
(a) Name of Committee (in full)	·
Women Make the Majority 2016	
(b) Address (number and street)	
918 Pennsylvania Ave SE	
(c) City, State, and ZIP Code	
Washington, DC 20003	

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