Only

STATEMENT OF

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FORM 1		OR	GANI	ZAT	101	N							Office	e Use	Only		
NAME OF COMMITTEE (in	full)		eck if name hanged)			e:If typ		уре		12F	'E4	M5	Oilic	e Ose	Only		
Elise for Cor	gress																
ADDRESS (number a	nd street)	PO Box 500															
(Check if a is changed																	
is changed	''	Glens Falls CITY	<u> </u>							LNY STAT	E 🛦	L	12801 	1	ZIP (CODE	<u> </u>
COMMITTEE'S E-MA	AL ADDRES	SS															
(Check if a is changed		compliance	e@compliance	econsult	ingva.d	com											
		Optional Se	cond E-Mail	Address	3												
COMMITTEE'S WEB (Check if a is changed	address		rcongress.con	n 													
2. DATE 07	7 07		25														
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	C00547	7893												
4. IS THIS STATEM	MENT	NEW (N) OR		×	AME	NDED	(A)									
I certify that I have e	examined thi	s Statement	and to the b	est of m	ny knov	wledge	and b	oelief	it is	true,	corr	ect a	and c	ompl	ete.		
Type or Print Name of	of Treasurer	Hobbs, Cab	pell, , ,														
Signature of Treasure	er Hobbs	s, Cabell, , ,							Da	ate	IV	07	′ [07	/)25
NOTE: Submission of	false, errone		olete informati GE IN INFOR											enaltie	es of 5	52 U.S.	.C. §30109
Office Use					Fee	r furthe i deral Ele l Free 80	ection C	ommis		act:						RM 5/2012)	

Local 202-694-1100

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the information below.)	e candidate
Name of Candidate Stefanik, Elise, M., ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State NY District 21
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diodrick 21
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican,	c, , etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	ed organization is a:
Corporation Corporation w/o Capital Stock Labor C	Organization
Membership Organization Trade Association Coopera	
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee)	d fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PA	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, at least one of which is an authorized committee of a federal candidate.	or more political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two committees/organizations, none of which is an authorized committee of a federal candidate.	or more political
Committees Participating in Joint Fundraiser	
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1.0	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	Elise for Congres		
6.		rganization, Affiliated Committee, Joint Fundraising Representative, or Lea	dership PAC Sponsor
	ELISE VICTORY FUI	ND 	
	Mailing Address	PO BOX 500	
		GLENS FALLS NY 128	301
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization Affiliated Organization X Joint Fundraising Representative	Leadership PAC Sponsor
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number optional) and position of the person in poss	session of committee
	Hobbs, Cal	nell	
	Full Name	~~,,, 	
	Mailing Address	PO Box 365	
		I	
		McLean VA 221	101
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	e name and address of
	Full Name Hobbs, Cal	pell, , ,	1
	of Treasurer	PO Pov 265	
	Mailing Address	PO Box 365	
		McLean VA 221	01
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number	

FEC Form 1 (Revised	02/2009)		Page 4
Full Name of Designated Hobbs, Ca	abell, , ,		
Mailing Address	PO Box 365		
	McLean	VA 221	01
Title or Position ▼	CITY A	STATE ▲	ZIP CODE ▲
Treasurer	Telephone n	umber	
Banks or Other Depositori safety deposit boxes or mai	ies: List all banks or other depositories in which the comm ntains funds.	ittee deposits funds, h	olds accounts, rents
Name of Bank, Depository,	etc.		
Chain B	sridge Bank		
Mailing Address	1445-A Laughlin Ave		
	McLean	VA 2210	01
	CITY A	STATE ▲	ZIP CODE ▲
Name of Bank, Depository,	etc.		
TRUIST	-		
Mailing Address	2200 Wilson Blvd		
	Suite 100		
	Arlington	VA 2220)1
	CITY ▲	STATE ▲	ZIP CODE ▲

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
UPSTATE NEW YO	Organization, Affiliated Committee, Joint Fund	draising Representative	e, or Leadership PAC Spon
Mailing Address	P.O. BOX 500		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi	ý by name, address (phone number – optional)		
	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	fy by name, address (phone number – optional)		
Full Name	CITY	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent
Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	CITY ▲ CITY ▲ pries: List all banks or other depositories in which aintains funds.	Telephone Number	s funds, holds accounts, rent

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
		, 	
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraising Representativ	e, or Leadership PAC Spon
TEAM ELISE			
Mailing Address	PO BOX 500		
	GLENS FALLS	NY NY	12801
Relationship:	CITY ▲	STATE A	ZIP CODE ▲
	d Organization Affiliated Committee X J fy by name, address (phone number – optional)	oint Fundraising Represent	ative Leadership PAC Sp
			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		ZIP CODE A
esignated Agent: Identi	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or management and ma	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in whitaintains funds.	STATE A Telephone Number	ZIP CODE A

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(h). Joint F	ū	Participant:					
1.				FEC II	D number	C	
2.				FEC II	D number	С	
3.				FEC II	D number	С	
4.				 FEC II	D number	С	
lame of Any C	onnected O	rganization, A	ffiliated Committee, Joint	Fundraising Re	presentative	e, or Leadersl	hip PAC Spons
HOUSE GO	P BATTLE	GROUND FU	IND			1 1 1 1	
		1 1 1 1 1					
		PO BOX 500					
Mailing Ad	dress						
		GLENS FALLS	S 		NY	12801	
						_	
Relationshi	Connected	Organization by name, addre	CITY A Affiliated Committee	Joint Fundraisin	STATE ▲ g Representa		ZIP CODE ▲
	Connected		Affiliated Committee				
esignated Age	nt: Identify I		Affiliated Committee				
esignated Age Full Name	nt: Identify I		Affiliated Committee				
esignated Age Full Name	nt: Identify I		Affiliated Committee				
esignated Age Full Name Mailing Addre	nt: Identify I	by name, addre	Affiliated Committee			ative Lea	
esignated Age Full Name	nt: Identify I	by name, addre	Affiliated Committee		g Representa	ative Lea	adership PAC Spo

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g) or (h). Joint Fundraisin	g Participant:		
1.		FEC ID number	C
2		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
Name of Any Connected GROW THE MAJORI	Organization, Affiliated Committee, Joint Fund	raising Representative	e, or Leadership PAC Sponsor
Mailing Address	228 S WASHINGTON ST STE 115		
	ALEXANDRIA	VA VA	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number – optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	▼ CITY ▲	STATE ▲	ZIP CODE ▲
	1	elephone Number	
Name of Bank, Depository, etc.	ries: List all banks or other depositories in which aintains funds.	the committee deposit	s funds, holds accounts, rents
Mailing Address			

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r(h). Joint Fundraisin	g Participant:			
1		FI	EC ID number	C
2		Ff	EC ID number	C
3.		Ff	EC ID number	C
4.		F	EC ID number	C
Name of Any Connected	Organization, Affiliated Committ	ee, Joint Fundraisin	g Representative	e, or Leadership PAC Sponsor
STEFANIK-MAZI NY	VICTORY			
Mailing Address	228 S WASHINGTON ST STE 1	15		
	ALEXANDRIA		VA	22314
Relationship:	CITY A		STATE ▲	ZIP CODE ▲
Commonto	d Organization	simaa 🗸 laint Fund	raising Representa	ative Leadership PAC Spons
Full Name				
Mailing Address				
Mailing Address				
Mailing Address				
	CITY		STATE A	ZIP CODE A
Mailing Address TITLE OR POSITION	CITY A	Telepho	STATE A	ZIP CODE A

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		FEC ID numb	er C	
ected Organization,	Affiliated Committee, Joint	Fundraising Representa	ative, or Leaders	ship PAC Spon
WOMEN 2026				
228 S WASH	HINGTON ST STE 115			1 1 1 1 1
ALEXANDR	Α	, , , , , , , VA	22314	
	CITY A	STATE		ZIP CODE A
Identify by name, add	ress (phone number – optio	nal)		
	CITY A	STATE A		P CODE A
SITION ▼	CITY A	STATE A	ZI	P CODE A
r	WOMEN 2026 228 S WASH ALEXANDRI ALEXANDRI	WOMEN 2026 s	WOMEN 2026 s 228 S WASHINGTON ST STE 115 ALEXANDRIA VA CITY A STATE	S 228 S WASHINGTON ST STE 115 ALEXANDRIA CITY STATE Americal Committee Affiliated Committee Joint Fundraising Representative Le

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			FEC II	O number	C
			FEC II	O number	C
			FEC II	O number	C
			 FEC II	O number	C
IY VICTORY	Organization, Aπ	illated Committee, Joint	Fundraising Re	presentative	e, or Leadership PAC Spons
g Address	PO BOX 500				
	GLENS FALLS			NY	12801
onship:		CITY A		STATE A	ZIP CODE ▲
ne 📗 📗					
Address					
Address					
Address					
Address OR POSITION		CITY A		STATE A	ZIP CODE A
ן ביי ביי	Y VICTORY Address Connected Agent: Identify	Y VICTORY PO BOX 500 GLENS FALLS Inship: Connected Organization Agent: Identify by name, addres	Agent: Identify by name, address (phone number – option	y Connected Organization, Affiliated Committee, Joint Fundraising Reply VICTORY Address PO BOX 500 GLENS FALLS Inship: CITY Affiliated Committee X Joint Fundraising Agent: Identify by name, address (phone number – optional)	y Connected Organization, Affiliated Committee, Joint Fundraising Representative Y VICTORY Address PO BOX 500 GLENS FALLS NY Inship: Connected Organization Affiliated Committee Joint Fundraising Representative X Joint Fundraising Representative