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FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)					
	Stefanik, Elise, M., ,		hadi if addua			2. Condidate's FFC Identification Number
	(b) Address (number and street) PO Box 500	ЦС	heck if addre	ss cnanged		Candidate's FEC Identification Number H4NY21079
	(c) City, State, and ZIP Code					3. Is This New Amended
	Glens Falls		NY	1280		Statement (N) OR X (A)
4.	Party Affiliation	5. Office Soug	ht			trict of Candidate
	REPUBLICAN PARTY	House			NY	21
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMMITTEE
7.	I hereby designate the following nar	med political co	mmittee as m	ny Principal	Campaign Com	mittee for the 2026 (year of election) election(s).
	NOTE: This designation should be f	iled with the ap	propriate offic	ce listed in t	he instructions.	,
	(a) Name of Committee (in full)					
	Elise for Congress					
	(b) Address (number and street)					
	PO Box 500					
	(c) City, State, and ZIP Code					
	Glens Falls				NY	12801
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTEES
					ng Representativ	
_			-			
8.	candidacy.	ned committee,	which is NO	I my princip	al campaign co	mmittee, to receive and expend funds on behalf of my
	NOTE: This designation should be f	iled with the pri	ncipal campa	ign commit	tee.	
	(a) Name of Committee (in full)					
	ELISE VICTORY F	UND				
	(b) Address (number and street)					
	PO BOX 500					
	(c) City, State, and ZIP Code					
	GLENS FALLS				NY	12801
	322.13.17.223					12001
	I certify that I have exa	mined this Stat	ement and to	the best of	my knowledge	and belief it is true, correct and complete.
Sig	-	mined this Stat	ement and to	the best of	my knowledge a	and belief it is true, correct and complete.
	gnature of Candidate	mined this Stat	ement and to	the best of	my knowledge a	Date
	-	mined this Stat	ement and to	the best of	my knowledge a	
Ste	gnature of Candidate efanik, Elise, , ,					Date
Ste	gnature of Candidate efanik, Elise, , ,					Date 07/07/2025
Ste	gnature of Candidate efanik, Elise, , ,					Date 07/07/2025

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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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)						
	HOUSE GOP BATTLEGROUND FUND						
	(b) Address (number and street)						
	PO BOX 500						
	(c) City, State, and ZIP Code						
	GLENS FALLS	NY	12801				
8.	3. I hereby authorize the following named committee, which is NOT my principal of	campaign cor	nmittee, to receive and expend funds on behalf of my				
	candidacy. NOTE: This designation should be filed with the principal campaign						
	(a) Name of Committee (in full)						
	GROW THE MAJORITY NY						
	(b) Address (number and street) 228 S WASHINGTON ST STE 115						
	(c) City, State, and ZIP Code						
		/A	22314				
8.	3. I hereby authorize the following named committee, which is NOT my principal of candidacy. NOTE: This designation should be filed with the principal campaign (a) Name of Committee (in full) STEFANIK-MAZI NY VICTORY		nmittee, to receive and expend funds on behalf of my				
	(b) Address (number and street) 228 S WASHINGTON ST STE 115						
	(c) City, State, and ZIP Code						
	ALEXANDRIA	Α .	22314				
8.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campaign		nmittee, to receive and expend funds on behalf of my				
	(a) Name of Committee (in full)						
	TEAM ELISE						
	(b) Address (number and street) PO BOX 500						
	(c) City, State, and ZIP Code						
	GLENS FALLS N	1Y	12801				

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

8.	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 2026			
	(b) Address (number and street)			
	228 S WASHINGTON ST STE 115			
	(c) City, State, and ZIP Code			
	ALEXANDRIA VA 22314			
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)			
	ELISE NY VICTORY			
	(b) Address (number and street)			
	PO BOX 500			
	(c) City, State, and ZIP Code			
	GLENS FALLS NY 12801			
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			
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)			
	(a) Name of Committee (in full)			
	(b) Address (number and street)			
	()			
	(c) City, State, and ZIP Code			