

Image# 202411259720034019

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Schrier, Kim, , Dr.,		
(b) Address (number and street) PO Box 2728		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Issaquah WA 98027		2. Candidate's FEC Identification Number H8WA08189
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate WA 08		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 2026 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) DR KIM SCHRIER FOR CONGRESS		
(b) Address (number and street) PO BOX 2728		
(c) City, State, and ZIP Code ISSAQUAH WA 98027		

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) SWING LEFT		
(b) Address (number and street) 611 PENNSYLVANIA AVE SE, #192		
(c) City, State, and ZIP Code WASHINGTON DC 20003		

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 Schrier, Kim, , Dr.,	Date 11/25/2024
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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 CommitteesPage 2 of 2

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)

DEMOCRACY DEFENDERS

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON

DC

20003

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)

314 ACTION IMPACT SLATE

(b) Address (number and street)

PO BOX 14560

(c) City, State, and ZIP Code

WASHINGTON

DC

20044

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)

KIM SCHRIER VICTORY 2024

(b) Address (number and street)

401 2ND AVE S

STE 303

(c) City, State, and ZIP Code

SEATTLE

WA

98104

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)

DEMOCRACY SUMMER 2024

(b) Address (number and street)

600 PENNSYLVANIA AVE SE #15180

(c) City, State, and ZIP Code

WASHINGTON

DC

20003