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FEC FORM 2

STATEMENT OF CANDIDACY

	Name of Candidate (in full)									
	Schrier, Kim, , Dr.,		hook if addrag	a abangad		2 Candida	to'o EEC Idonti	ification N	lumbor	
(D) A	Address (number and street) PO Box 2728	ЦС	heck if addres	ss changed		H8WA	te's FEC Identi 08189	ilication r	number	
(c)	City, State, and ZIP Code				_	3. Is This			V	Amended
	Issaquah		WA	9802		Statem	()	OR	×	(A)
	ty Affiliation	5. Office Soug	ht		6. State & Dist		late			
DE	MOCRATIC PARTY	House			WA	08				
	DE	SIGNATIO	N OF PRI	NCIPAL	CAMPAIG	N COMMI	TTEE			
7. I he	reby designate the following nar	med political co	mmittee as m	y Principal (Campaign Com	mittee for the	2026 (year of election	electi on)	on(s).	
	TE: This designation should be	filed with the ap	propriate offic	ce listed in th	ne instructions.			-		
(a)	Name of Committee (in full)									
	DR KIM SCHRIER I	FOR CON	GRESS							
(b)	Address (number and street)									
	PO BOX 2728									
(c)	City, State, and ZIP Code									
	ISSAQUAH				WA	98027				
	DE	SIGNATIO	N OF OTI	HER ALL	THORIZED	COMMIT	TEES			
							ILLU			
		(I	ncluding Join	t Fundraisin	g Representativ	ves)				
	reby authorize the following nan	(I	ncluding Join	t Fundraisin	g Representativ	ves)		end funds	s on beh	alf of my
can	reby authorize the following nar	(I	ncluding Join which is NOT	t Fundraisin	g Representativ al campaign cor	ves)		end funds	on beh	alf of my
can	reby authorize the following nar didacy. TE: This designation should be f	(I	ncluding Join which is NOT	t Fundraisin	g Representativ al campaign cor	ves)		end funds	on beh	alf of my
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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)									
	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 candidacy. NOTE : This designation should be filed with the principal									
	(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 candidacy. NOTE: This designation should be filed with the principal (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 candidacy. NOTE : This designation should be filed with the principal									
	(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									
	(1)									