

Image# 202501149740174486

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Washington Soviegn, Emelia, Rosie, ,		
(b) Address (number and street) 1132 East Virginia Way		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Barstow CA 92311		2. Candidate's FEC Identification Number H6IL07321
4. Party Affiliation NONE		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
5. Office Sought House		6. State & District of Candidate IL 07

### DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2025 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) Ceasar Camille " Kamala "		
(b) Address (number and street) 1132 East Virginia Way		
(c) City, State, and ZIP Code Barstow CA 92311		

### 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) EMERALD POLITICAL ACTION COMMITTEE		
(b) Address (number and street) 5335 WISCONSIN AVE NW STE 440		
(c) City, State, and ZIP Code WASHINGTON DC 20015		

*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 Ceasar, Camille, , Kamala,	Date 01/14/2025
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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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Form/Schedule: F2N  
Transaction ID :

2025 Special Election.

Form/Schedule:  
Transaction ID:

Optional Supplemental Page for Designation  
of Additional Authorized CommitteesPage 3 of 3

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)

POLITICAL LEAGUE OF THE AMERICAN TRAIN DISPATCHERS ASSOCIATION

(b) Address (number and street)

4239 WEST 150TH STREET

(c) City, State, and ZIP Code

CLEVELAND

OH

44135

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)

POLICE AND TROOPER SUPPORT PAC

(b) Address (number and street)

1041 N DUPONT HWY #1045

(c) City, State, and ZIP Code

DOVER

DE

19901

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)

POLICE BENEVOLENT ASSOCIATION OF THE CITY OF NEW YORK INC.

(b) Address (number and street)

125 BROAD STREET

11TH FLOOR

(c) City, State, and ZIP Code

NEW YORK

NY

10004

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)

POLITIVIST ACTION PAC

(b) Address (number and street)

PO BOX 33079

(c) City, State, and ZIP Code

WASHINGTON

DC

20033