

FEC
FORM 1

STATEMENT OF
ORGANIZATION

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2026 JAN -5 PM 1:08

Office Use Only

1. NAME OF
COMMITTEE (in full) (Check if name
is changed) Example: If typing, type
over the lines.

12FE4M5

MS RAND FOR PRESIDENT

ADDRESS (number and street) 4034 SE HOLGATE BLVD

(Check if address
is changed)

PORLAND

CITY ▲

OR

97202

- 3165

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address
is changed)

RACHELLYDIA.RAND@GMAIL.COM

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address
is changed)

<https://rachellydiarand.github.io/ms-rand/>

2. DATE / /

12

22

2025

3. FEC IDENTIFICATION NUMBER ►

C 00885376

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer RACHEL LYDIA RAND

Signature of Treasurer



Date

/ /

12,

22,

2025

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further Information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 03/2022)

5. TYPE OF COMMITTEE:

Candidate Committee:

(a) 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 candidate information below.)

Name of Candidate RACHEL LYDIA RAND

Candidate Party Affiliation REP Office Sought: House Senate President State

District

(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Corporation w/o Capital Stock	<input type="checkbox"/> Labor Organization
<input type="checkbox"/> Membership Organization	<input type="checkbox"/> Trade Association	<input type="checkbox"/> Cooperative
<input type="checkbox"/> In addition, this committee is a Lobbyist/Registrant PAC.		

(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

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 PAC).

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 or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

C

2.

C

Write or Type Committee Name

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

 -

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization Joint Fundraising Representative Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name RACHEL LYDIA RANDMailing Address 4034 SE HOLGATE BLVDPORTLAND OR 97202 - 3165

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

PRESIDENT Telephone number - -

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer RACHEL LYDIA RANDMailing Address 4034 SE HOLGATE BLVDPORTLAND OR 97202 - 3165

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

PRESIDENT Telephone number - -

Full Name of
Designated
Agent

RACHEL LYDIA RAND

Mailing Address

4034 SE HOLGATE BLVD

PORTLAND

OR

97202

- 3165

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

PRESIDENT

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

NONE AT THE MOMENT

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

CITY ▲

STATE ▲

ZIP CODE ▲

5(i) or (j). **Joint Fundraising Participant:**

1. _____
2. _____
3. _____
4. _____

FEC ID number

C	_____	_____	_____	_____	_____	_____	_____	_____	_____
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FEC ID number

C	_____	_____	_____	_____	_____	_____	_____	_____	_____
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FEC ID number

C	_____	_____	_____	_____	_____	_____	_____	_____	_____
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FEC ID number

C	_____	_____	_____	_____	_____	_____	_____	_____	_____
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6. **Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

Mailing Address

Relationship:

CITY ▲

STATE ▲

ZIP CODE ▲

 Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor8. **Designated Agent:** Identify by name, address (phone number – optional)Full Name RACHEL LYDIA RANDMailing Address 4034 SE HOLGATE BLVD

PORLAND OR 97202 - 3165

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

PRESIDENTTelephone Number - 9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank,

Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt	
<input checked="" type="checkbox"/> USPS First Class Mail	Date of Receipt 1/5/26	
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)	
<input type="checkbox"/> USPS Priority Mail	Postmarked	
<input type="checkbox"/> USPS Priority Mail Express	Postmarked	
<input type="checkbox"/> Postmark Illegible		
<input type="checkbox"/> No Postmark		
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date	Date of Receipt
	Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received via FAX	Date of Receipt	
<input type="checkbox"/> Received via Email	Date of Receipt	
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt	
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked	
 SPIN PREPARER (4/2023)		1/5/26 DATE PREPARED