

Image# 202601239794154596

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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Randall, Emily, , ,		2. Candidate's FEC Identification Number H4WA06117	
(b) Address (number and street) PO Box 1883		<input type="checkbox"/> Check if address changed	
(c) City, State, and ZIP Code Port Orchard		WA	98366
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate WA 06	
		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)

**Emily Randall for Congress**

(b) Address (number and street)

PO Box 1883

(c) City, State, and ZIP Code

Port Orchard

WA

98366

### 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)

**EQUALITY CONGRESS**

(b) Address (number and street)

PO BOX 15320

(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**

Randall, Emily, , ,

**Date**

01/23/2026

**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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**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)

**EMILY RANDALL VICTORY FUND**

(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)

(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)

(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)

(b) Address (number and street)

(c) City, State, and ZIP Code