

Image# 202211179546827747

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 2024 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) HOLD THE HOUSE FRONTLINE FUND		
(b) Address (number and street) 401 2ND AVENUE SOUTH SUITE 303		
(c) City, State, and ZIP Code SEATTLE WA 98104		

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., <i>[Electronically Filed]</i>	Date 11/17/2022
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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 Committees

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)

KIM SCHRIER VICTORY 2022

(b) Address (number and street)

PO Box 21961

(c) City, State, and ZIP Code

Seattle

WA

98111

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