

FEC
FORM 1STATEMENT OF
ORGANIZATION

Office Use Only

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

12FE4M5

Committee To Elect Clyde Welford

ADDRESS (number and street) 560 Lynn ST

 (Check if address
is changed)

BALDWIN

CITY ▲

MI

49304

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address
is changed)

clydewelford01@gmail.com

Optional Second E-Mail Address
welfordclyde@sbcglobal.net

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address
is changed)

www.clydewelford.com

2. DATE

M M / D D / Y Y Y Y
09 / 12 / 2025

3. FEC IDENTIFICATION NUMBER ►

C C00919571

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 Welford, Kofinsia, Clyde Anthony, Mr.,

Signature of Treasurer Welford, Kofinsia, Clyde Anthony, Mr.,

Date

M M / D D / Y Y Y Y
09 / 12 / 2025NOTE: 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
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100FEC FORM 1
(Revised 06/2012)

Write or Type Committee Name

Committee To Elect Clyde Welford**6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

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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

Welford, Kofinsia, Clyde Anthony, Mr.,			
--	--	--	--

Mailing Address

560 Lynn ST			
-------------	--	--	--

BALDWIN

MI

49304

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian

Telephone number

231 - 408 - 1183

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

Welford, Kofinsia, Clyde Anthony, Mr.,			
--	--	--	--

Mailing Address

560 Lynn ST			
-------------	--	--	--

BALDWIN

MI

49304

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

231 - 408 - 1183

Full Name of
Designated
Agent

Welford, Kofinsia, Clyde Anthony, Mr.,

Mailing Address

560 Lynn ST

BALDWIN

MI

49304

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

231 - 408 - 1183

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.

Lake Osceola State Bank

Mailing Address

790 Michigan Ave.

BALDWIN

MI

49304

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

5(g) or (h). **Joint Fundraising Participant:**

1. 2. 3. 4.

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

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 Sponsor

8. **Designated Agent:** Identify by name, address (phone number – optional)

Full Name Welford, Kofinsia, Clyde Anthony, Mr.,

Mailing Address 560 Lynn ST

BALDWIN

MI

49304

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Telephone Number 231 - 408 - 1183

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 ▲

5(g) or (h). **Joint Fundraising Participant:**

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

FEC ID number

C

FEC ID number

C

FEC ID number

C

FEC ID number

C

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 Welford, Kofinsia, Clyde Anthony, Mr.,

Mailing Address 560 Lynn ST

BALDWIN

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49304

TITLE OR POSITION ▼

CITY ▲

STATE ▲

ZIP CODE ▲

Custodial

Telephone Number 231 - 408 - 1183

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