

Image# 202506209762525345

PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Heidenreich, Michael, , ,		
(b) Address (number and street) W10984 LAKE VIEW DR		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Lodi WI 53555		2. Candidate's FEC Identification Number H6WI06175
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate WI 06		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input 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) Friends of Michael Heidenreich		
(b) Address (number and street) W10984 LAKE VIEW DR		
(c) City, State, and ZIP Code Lodi WI 53555		

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)		
(b) Address (number and street)		
(c) City, State, and ZIP Code		

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 Heidenreich, Michael, J, ,	Date 06/20/2025
--	--------------------

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

--	--	--	--	--	--	--	--	--

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB
.

Form/Schedule: F2N
Transaction ID :

I filled out form 1 yesterday and haven't received my FEC welcome packet in my email so if I have already been assigned a campaign ID number please include that existing number.

Form/Schedule:
Transaction ID: