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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Wilson, Kyle, , ,		
(b) Address (number and street) 1830 Olivet Road		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code Santa Rosa CA 95401		2. Candidate's FEC Identification Number H6CA02267
4. Party Affiliation DEMOCRATIC PARTY		5. Office Sought House
6. State & District of Candidate CA 01		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) KYLE FOR CONGRESS		
(b) Address (number and street) 1830 OLIVET RD		
(c) City, State, and ZIP Code SANTA ROSA CA 95401		

### 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 Wilson, Kyle, , ,	Date 11/06/2025
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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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