Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. ALFONSO FOR CONGRESS P.O BOX 1375 ADDRESS (number and street) (Check if address is changed) **HOLLAND** 49422 MI CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS joseph@alfonsoforcongress.com (Check if address is changed) Optional Second E-Mail Address matt@alfonsoforcongress.com COMMITTEE'S WEB PAGE ADDRESS (URL) alfonsoforcongress.com (Check if address is changed) DATE 31 2023 C00801118 FEC IDENTIFICATION NUMBER 3. X 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. Kelly, Claire, , , Type or Print Name of Treasurer Kelly, Claire, , , [Electronically Filed] 03 31 2023 Signature of Treasurer Date NOTE: 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	candidate
Name of Candidate Alfonso, Joseph, , ,	
Candidate Party Affiliation DEM Office Sought: House Senate President	State MI District 04
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	Diotrict 04
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the Republican, et	c.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:
Corporation Corporation w/o Capital Stock Labor Orga	anization
Membership Organization Trade Association Cooperative	e
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated f committee. (i.e., nonconnected committee)	und or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
(g) This committee is an independent expenditure-only political committee (Super PAC).	
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC)	
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, at least one of which is an authorized committee of a federal candidate.	nore political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or r committees/organizations, none of which is an authorized committee of a federal candidate.	nore political
Committees Participating in Joint Fundraiser	
1C	
C	

		(Revised 02/200	9)					Page	e 3
W	/rite or Type Comr			_	<u> </u>				
			ONGRES						
6.	=	onnected Organiz	ation, Affiliated Co	ommittee, Joint Fu	undraising Repre	esentativ	e, or Leade	ship PAC	Sponsor
	NONE								
	Mailing Address								
				CITY A		STATE 4	L .	ZIP COD	E▲
	Relationship:	Connected Organ	ization Affiliated	d Organization	Joint Fundraising	Represe	ntative	Leadership	PAC Sponsor
		J				,			
7.	Custodian of Re books and record		name, address (pho	ne number optior	nal) and position o	f the pers	son in posses	sion of com	mittee
		Kelly, Claire, , ,							
	Full Name								
	Mailing Address	POI	Box 1375						
		Holl	and			MI	49422		
				CITY A		STATE 4		ZIP COD	E ▲
	Title or Position	7							
	Finance/Complia	nce			Telephone num	nber _	443	257	9493
3.		ne name and addi	ress (phone numbe ant treasurer).	r optional) of the	e treasurer of the	committe	ee; and the r	name and a	ddress of
	Full Name	Kelly, Claire, , ,							
	of Treasurer								
	Mailing Address	POI	Box 1375						
		L	<u> </u>	<u> </u>	<u> </u>				
		Holla	and			MI	49422		
				CITY A		STATE 4		ZIP COD	 E ▲
	Title or Position	7						005	
	Finance/Complia	nce			Telephone num	nber _	443	257	9493

	FEC Form 1	(Revised 02/2009)	Page 4
	Name of signated ent	Burns, Matt, , ,	
Mail	ling Address	P.O Box 1375	
		Holland MI 49	9422
		CITY ▲ STATE ▲	ZIP CODE ▲
	or Position		
Ca	ımpaign Manaç	ger Telephone number	
Ban safe	ks or Other ty deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, xes or maintains funds.	holds accounts, rents
Nam	ne of Bank, D	Depository, etc.	
		Horizon Bank	
Maili	ing Address	77 E 8TH ST	
		HOLLAND MI 49	423
		CITY ▲ STATE ▲	ZIP CODE ▲
Nam	ne of Bank, D	Depository, etc.	
Maili	ing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page _____ **of** _____

2. FEC ID number C 3. FEC ID number C 4. FEC ID number C ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp Mailing Address		g Participant:			0
A FEC ID number C A FEC ID number C A FEC ID number C FIC ID number C FEC ID number C FIC ID number C FEC ID number C FIC ID number C FEC ID number C FEC ID number C FIC ID number C FEC ID number C FIC ID number C FEC ID number C FIC ID number C	1.		F	EC ID number	С
A. FEC ID number C	2.		F	EC ID number	C
ame of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sp Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE △ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, Full Name Holland Holland MI	3.		F	EC ID number	C
Mailing Address Relationship: CITY ▲ STATE ▲ ZIP CODE ▲ Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC signated Agent: Identify by name, address (phone number – optional) Kelly, Claire, ., Full Name PO Box 1375 Mailing Address PO Box 1375 TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ Finance/Compliance Telephone Number	4		F	EC ID number	С
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name PO Box 1375 Mailing Address PO Box 1375 TITLE OR POSITION V CITY A STATE A ZIP CODE A Finance/Compliance Telephone Number — — — — — — — — — — — — — — — — — — —	ame of Any Connected	Organization, Affiliated Comm	ittee, Joint Fundraisin	g Representative	e, or Leadership PAC Spon
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Relationship: Call Connected Organization Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Connected Organization Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Connected Organization Affiliated Committee Leadership PAC Relationship: Call Connected Organization Affiliated Committee Conne	<u> </u>				
Relationship: CITY A STATE A ZIP CODE A Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Resignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name Holland Holland Holland TITLE OR POSITION CITY A STATE A ZIP CODE A Finance/Compliance Telephone Number Telephone Number Telephone Number Telephone Structure deposits funds, holds accounts, the depository, etc.					
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name Mailing Address PO Box 1375 TITLE OR POSITION CITY STATE ZIP CODE Finance/Compliance Telephone Number Telephone Number Telephone Number Telephone Stands, holds accounts, to fety deposit boxes or maintains funds.	Mailing Address				
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sesignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name Mailing Address PO Box 1375 Holland Holland MI 49422 TITLE OR POSITION STATE ZIP CODE Finance/Compliance Telephone Number Telephone Number Telephone Structure deposits funds, holds accounts, to fety deposit boxes or maintains funds. Same of Bank, appository, etc.					
Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC esignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name Mailing Address PO Box 1375 TITLE OR POSITION CITY STATE ZIP CODE Finance/Compliance Telephone Number Telephone Number Telephone Number Telephone Stands, holds accounts, to fety deposit boxes or maintains funds.					
Besignated Agent: Identify by name, address (phone number – optional) Kelly, Claire, , , Full Name Mailing Address PO Box 1375 Holland Holland MI 49422 TITLE OR POSITION CITY STATE ZIP CODE Finance/Compliance Telephone Number Telephone Number Telephone Number anks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, the depository, etc.	Relationship:	CITY	A	STATE A	ZIP CODE ▲
Holland Holland Holland MI 49422 TITLE OR POSITION ▼ Finance/Compliance Telephone Number	Full Name				
TITLE OR POSITION CITY STATE ZIP CODE Finance/Compliance Telephone Number	Mailing Address				
TITLE OR POSITION CITY STATE ZIP CODE Finance/Compliance Telephone Number					
Finance/Compliance Telephone Number					40.400
Telephone Number Telephone Num				MI	
afety deposit boxes or maintains funds. ame of Bank, epository, etc.		CITY A			
epository, etc.		CITY A	1	STATE A	
Mailing Address	Finance/Compliance	CITY A	Telepho	STATE A	ZIP CODE A
	Finance/Compliance anks or Other Depositor fety deposit boxes or ma	CITY A	Telepho	STATE A	ZIP CODE A
	anks or Other Depositor deposit boxes or material boxes.	CITY A	Telepho	STATE A	ZIP CODE A
<u> </u>	anks or Other Depositoratety deposit boxes or ma	CITY A	Telepho	STATE A	ZIP CODE A