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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Welford, Kofinsia, Clyde Anthony, Mr.,		
(b) Address (number and street) 560 Lynn ST		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code BALDWIN		2. Candidate's FEC Identification Number H6MI02240
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	3. Is This Statement <input checked="" type="checkbox"/> New (N) <input type="checkbox"/> OR <input type="checkbox"/> Amended (A)
MI	49304	6. State & District of Candidate MI 02

### 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)

Committee to Elect Clyde Welford

(b) Address (number and street)

560 Lynn ST

(c) City, State, and ZIP Code

BALDWIN

MI

49304

### 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 Welford, Kofinsia, Clyde Anthony, Mr.,	Date 09/12/2025
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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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