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## FEC FORM 2

## STATEMENT OF CANDIDACY

	Name of Candidate (in full)					
	Alfonso, Michael, , ,		1.77			
	Address (number and street) PO Box 447	□Che	ck if address	schanged		Candidate's FEC Identification Number H6WI07223
(c) C	City, State, and ZIP Code					3. Is This New Amended
	Hudson		WI	5401	6	Statement X (N) OR (A)
	y Affiliation	5. Office Sought				trict of Candidate
REI	PUBLICAN PARTY	House			WI	07
	DE	SIGNATION	OF PRIM	NCIPAL	CAMPAIGI	N COMMITTEE
7. I her	reby designate the following nar	med political comm	nittee as my	Principal (	Campaign Com	mittee for the $\frac{2026}{\text{(year of election)}}$ election(s).
	<b>TE:</b> This designation should be f	iled with the appro	opriate office	e listed in th	ne instructions.	
(a) N	Name of Committee (in full)					
	Alfonso for Congres	S				
(b) A	Address (number and street)					
	PO Box 447					
(c) C	City, State, and ZIP Code					
	Hudson				WI	54016
	DE	CICNATION	OF OTH		TUODIZED.	COMMITTEES
	DE				g Representativ	
	reby authorize the following nan	ned committee, wh	nich is NOT	my principa	al campaign cor	mmittee, to receive and expend funds on behalf of my
NOT	<b>FE:</b> This designation should be f	iled with the princi	ipal campaig	n committe	ee.	
(a) N	Name of Committee (in full)					
()	,					
(b) A	Address (number and street)					
(-) (	24. 04-4					
(c) C	City, State, and ZIP Code					
	I certify that I have exa	mined this Statem	nent and to t	he best of l	my knowledge a	and belief it is true, correct and complete.
Signature of Candidate					Date	
-					4.0/0.0/0.00	
Altonso	o. Michael					10/28/2025
Alfonso	o, Michael, , ,					10/28/2025
Alfonso	o, Michael, , ,					10/28/2025
		, or incomplete info	ormation ma	ay subject t	he person signii	ng this Statement to penalties of 2 U.S.C. §437g.
		, or incomplete info	ormation ma	ay subject t	he person signi	
		, or incomplete info	ormation ma	ay subject t	he person signi	

FEC FORM 2 (REV. 02/2009)