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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Chiaradio, Michael, Alexis, ,			2. Candidate's FEC Identification Number H6MS03228	
(b) Address (number and street) 4896 COUNTY ROAD 250		<input type="checkbox"/> Check if address changed		
(c) City, State, and ZIP Code SHUBUTA MS 39360		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)		
4. Party Affiliation DEMOCRATIC PARTY	5. Office Sought House	6. State & District of Candidate MS 03		

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) MICHAEL A. CHIARADIO FOR CONGRESS 2026, INC.		
(b) Address (number and street) P.O. BOX 102		
(c) City, State, and ZIP Code SHUBUTA MS 39360		

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 Chiaradio, Michael, , ,	Date 10/13/2025
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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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