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FEC FORM 2

STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Adlakha, Sarah, Anne, Dr,		
(b) Address (number and street) 419 E Beach Dr		☐ Check if address changed
(c) City, State, and ZIP Code Ocean Springs MS 39564		2. Candidate's FEC Identification Number S6MS00109
4. Party Affiliation REPUBLICAN PARTY		5. Office Sought Senate
6. State & District of Candidate MS 00		3. Is This Statement ☒ New (N) OR ☐ 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) Sarah Adlakha for Senate		
(b) Address (number and street) 419 E Beach Dr		
(c) City, State, and ZIP Code Ocean Springs MS 39564		

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 Adlakha, Sarah, Anne, Dr,	Date 03/28/2025
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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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