

**FEC FORM 2**  
**STATEMENT OF CANDIDACY**

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|   |                                     |  |
|---|-------------------------------------|--|
| 1. (a) Name of Candidate (in full)<br><b>Michael VILARDI</b>  |                                     | 2. FEC Candidate Identification Number   |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>4781 N. Congress Ave. Box 105</b> |                                     |  |
| (c) City, State, and ZIP Code<br><b>Boynton Beach, Florida 33426</b>  |                                     | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| 4. Party Affiliation<br><b>Republican</b>   | 5. Office Sought<br><b>US House</b> | 6. State & District of Candidate<br><b>Florida 21</b>  |

**DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE**

7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2020 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)<br><b>VILARDI FOR CONGRESS</b>          |
| (b) Address (number and street)<br><b>4781 N. Congress Ave, Box 105</b> |
| (c) City, State, and ZIP Code<br><b>Boynton Beach, Florida 33437</b>    |

**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<br><b>Michael Vilardi</b> | Date<br><b>9/27/19</b> |
|--|------------------------|

**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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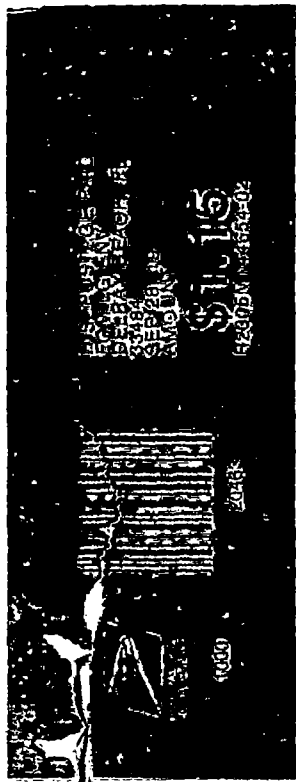
(a) Name of Committee (in full)

(b) Address (number and street)

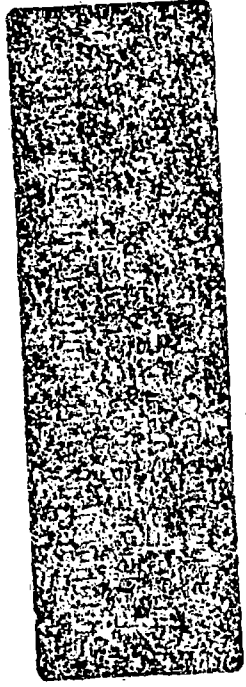
(c) City, State, and ZIP Code

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**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

|   |   |
|---|---|
| <input type="checkbox"/> Hand Delivered   | Date of Receipt                                     |
| <input checked="" type="checkbox"/> USPS First Class Mail                                       | Date of Receipt                                     |
| Postmarked<br>9-28-19   | 10-4-19   |
| <input type="checkbox"/> USPS Registered/Certified  | Postmarked (R/C)                                    |
| <input type="checkbox"/> USPS Priority Mail   | Postmarked  |
| <input type="checkbox"/> USPS Priority Mail Express   | Postmarked  |
| <input type="checkbox"/> Postmark Illegible   |   |
| <input type="checkbox"/> No Postmark  |   |
| <input type="checkbox"/> Overnight Delivery Service (Specify):                                  | Shipping Date                                       |
|   | Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office                      | Date of Receipt                                     |
| <input type="checkbox"/> Received from Senate Public Records Office                             | Date of Receipt                                     |
| <input type="checkbox"/> Received from Electronic Filing Office                                 | Date of Receipt                                     |
| <input type="checkbox"/> Other (Specify):   | Date of Receipt or Postmarked                       |
| <br>PREPARER | 10-4-19<br>DATE PREPARED                            |

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