

# FEC FORM 2

## STATEMENT OF CANDIDACY

|   |  |  |
|---|--|--|
| 1. (a) Name of Candidate (in full)<br><b>Alec Coppola</b>   |  | 2. FEC Candidate Identification Number<br><b>not assigned</b>  |
| (b) Address (number and street) <input type="checkbox"/> Check if address changed<br><b>20553 Smithfield Circle</b> |  | 3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A) |
| (c) City, State, and ZIP Code<br><b>Milford Delaware 19963</b>  |  | 4. Party Affiliation <b>GOP</b>  |
| 5. Office Sought<br><b>US Senate</b>  | 6. State & District of Candidate<br><b>DE (AT-Large)</b> |  |

### 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)<br><b>Alec Coppola US Senate Representing Delaware</b> |
| (b) Address (number and street)<br><b>Milford DE 19963</b>                             |
| (c) City, State, and ZIP Code  |

### 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>Alec Coppola</b> | Date<br><b>4/28/26</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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|--|--|--|--|--|--|--|--|--|

NONPROFIT CORPORATION

**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

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(b) Address (number and street)

(c) City, State, and ZIP Code

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(b) Address (number and street)

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(a) Name of Committee (in full)

(b) Address (number and street)

(c) City, State, and ZIP Code

20170201 10:00:00 AM

FROM:

20553 Smithfield Circle

Milford DE 19963

TO:

Federal Election C

1050 First Str

Washington, DC

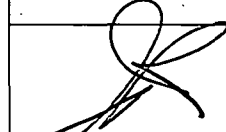
X-RAYED BY FEC SECURITY

Utility Mailer  
10 1/2" x 16"

2026 MAY -8 AM 11:17

RECEIVED  
FEDERAL ELECTION COMMISSION

NONDISCRIMINATION NOTICE

| Federal Election Commission   |                            |                               |
|---|----------------------------|-------------------------------|
| <b>ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS</b>                             |                            |                               |
| 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<br>05/08/26   |
| <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              | Date of Receipt               |
|   | Next Business Day Delivery | <input type="checkbox"/>      |
| <input type="checkbox"/> Received via FAX   |                            | Date of Receipt               |
| <input type="checkbox"/> Received via Email   |                            | Date of Receipt               |
| <input type="checkbox"/> Received from Electronic Filing Office                     |                            | Date of Receipt               |
| <input type="checkbox"/> Other (Specify):   |                            | Date of Receipt or Postmarked |
|  |                            | 05/08/26                      |
| PREPARER  |                            | DATE PREPARED                 |

(4/2023)