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FEC FORM 2

STATEMENT OF CANDIDACY

	\ \ \ \ I	(0 111	(' (II)									
1. (of Candidate	(in full)									
		Steube, Greg, , ,						2 Condidate's FFC Identification Number				
	(b) Address (number and street) 5317 Fruitville Rd 102				Check if address changed			2. Candidate's FEC Identification Number H8FL17053				
((c) City, State, and ZIP Code						_	3. Is This			V	Amended
	Sarasota			FL 34232				Stater	nent (N) OR	×	(A)
	Party Affili			5. Office Soug	ht		6. State & Dis		date			
	REPUBL	ICAN PART	Y	House			FL	17				
			DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIG	N COMM	ITTEE			
7. I	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2026 (year of election)											
1	NOTE: Th	nis designation	n should be f	iled with the ap	propriate offi	ce listed in th	ne instructions.					
(a) Name	of Committee	(in full)									
	Gre	eg Steube	e for Cor	ngress								
(b) Addres	ss (number ar	nd street)									
	5317	Fruitville Rd										
	#102	<u>)</u>										
(c) City, S	tate, and ZIP	Code									
	Sara	asota					FL	34232	2			
	DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives)											
	hereby a candidacy		ollowing nam	ned committee,	which is NO	Γ my principa	al campaign co	mmittee, to re	eceive and exp	end funds	on be	ehalf of my
ı	NOTE: Th	is designation	n should be f	led with the pr	ncipal campa	ign committe	ee.					
(a) Name	of Committee	e (in full)									
	Gre	eg Steub	e Victory	/ Fund								
(b) Addres	ss (number ar	nd street)									
	824 S	Milledge Av	e									
	Ste 1	01 tate, and ZIP	Code									
`	Athe		0000				GA	30606				
	Allie	110					OA.	30000				
		I certify th	at I have exa	mined this Sta	tement and to	the best of	my knowledge	and belief it is	s true, correct a	and comp	ete.	
Signature of Candidate						Date						
Steube, Greg, , ,						11/15/2024						
/ T 10///							11/15/20	27				
NO	ΓE: Subm	nission of false	e, erroneous,	or incomplete	information n	nay subject t	he person sign	ing this State	ment to penalt	ies of 2 U.	S.C. §	437g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

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DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

	(including John 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)
	TAMPA BAY AMERICA FIRST COALITION
	(b) Address (number and street)
	228 S WASHINGTON STREET
	SUITE 115
	(c) City, State, and ZIP Code ALEXANDRIA VA 22314
	ALEANIDITIA VA 22314
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
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
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