FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)			<u> </u>						_	
	Daniels, Michael, , , (b) Address (number and street)	☐ Check if address changed				2. Candidate's FEC Identification Number					
	P.O. Box 16071					H2MO01203					
	(c) City, State, and ZIP Code	•				3. Is This Statement	X New (N)			Amended	
	Clayton	<u> </u>						OR	Ш	(A)	
4.	Party Affiliation DEMOCRATIC PARTY	Office Soug House	ht		6. State & Dist	rict of Candidate 01					
	DEMOCRATIC PARTY	House			IVIO	01					
DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE											
7.	. I hereby designate the following named political committee as my Principal Campaign Committee for the 2022 (year of election)										
	NOTE: This designation should be filed with the appropriate office listed in the instructions.										
	(a) Name of Committee (in full)										
Michael Daniels for Congress											
(b) Address (number and street)											
	P.O. Box 16071										
	(c) City, State, and ZIP Code										
	Clayton				MO	63105					
	DE	SIGNATIO	N OF OT	HER AII	THORIZED	COMMITTEE	S				
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)											
(b) Address (number and street)											
(c) City, State, and ZIP Code											
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I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.											
	gnature of Candidate	Date									
D_i	aniels, Michael, , ,	[Electronically Filed]				01/11/2022					
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.											

FEC FORM 2 (REV. 02/2009)