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FEC FORM 2

STATEMENT OF CANDIDACY

_	())) () () () () () () () ()									
1.	(a) Name of Candidate (in full)									
	Steel, Michelle, , ,		N1. '£1-1			0.0	- FFO I-I	-4: NI		
	(b) Address (number and street) 92A Surfside Avenue #472		Check if addre	ss changed		2. Candidate's H0CA4819		ation Nu	mber	
	(c) City, State, and ZIP Code					3. Is This	New			Amended
	Surfside		CA	9074	3	Statement	t (N)	OR	×	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist	rict of Candidate)			
	REPUBLICAN PARTY	House			CA	45				
	DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE									
7.	I hereby designate the following nar	med political co	ommittee as n	ny Principal (Campaign Comr		2022 ear of election	_ election)	n(s).	
	NOTE: This designation should be	iled with the ap	opropriate offi	ce listed in tl	ne instructions.					
	(a) Name of Committee (in full)									
	Michelle Steel for C	ongress								
	(b) Address (number and street) 92A Surfside Avenue, #472									
	(c) City, State, and ZIP Code									
	Surfside				CA	90743				
	DE	SIGNATIO	N OF OT	HER AU	THORIZED	COMMITTE	EES			
					g Representativ					
					•	·				
	I hereby authorize the following nan	ned committee	, which is NO	T my princip	al campaign cor	nmittee, to receiv	ve and expend	d funds o	n beha	alf of my
	candidacy.									
	NOTE: This designation should be f	iled with the pr	incipal campa	aign committe	ee.					
	(a) Name of Committee (in full)									
	Steel Victory Fund									
	(b) Address (number and street)9070 Irvine Center Drive #150									
	(c) City, State, and ZIP Code									
	Irvine				CA	92618				
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is true	ie, correct and	complet	e.	
Sig	gnature of Candidate					Date				
Ste	eel, Michelle, , ,					12/28/2021				
				[Elect	tronically Filed]	12/20/2021				
NO	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)

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 Fundrals	ing nepresentat	1765)				
3.	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)						
	TAKE BACK THE HOUSE 2022						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
3. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf candidacy. NOTE : This designation should be filed with the principal campaign committee.							
	(a) Name of Committee (in full)						
	AMERICAN DREAM VICTORY FUND						
	(b) Address (number and street) 9070 IRVINE CENTER DRIVE						
	SUITE 150						
	(c) City, State, and ZIP Code						
	IRVINE	CA	92618				
3.	I hereby authorize the following named committee, which is NOT my principle candidacy. NOTE : This designation should be filed with the principal camp						
	(a) Name of Committee (in full)						
	TAKE BACK THE HOUSE 2022						
	(b) Address (number and street) PO BOX 30844						
	(c) City, State, and ZIP Code						
	BETHESDA	MD	20824				
3. 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)						
	AMERICAN DREAM VICTORY FUND						
	(b) Address (number and street) 9070 IRVINE CENTER DRIVE						
	SUITE 150						
	(c) City, State, and ZIP Code						
	IRVINE	CA	92618				

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)

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)							
	GOP WINNING WOMEN							
	(b) Address (number and street) 228 South Washington							
	(c) City, State, and ZIP Code							
	Alexandria 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	-						