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# FEC FORM 2

## STATEMENT OF CANDIDACY

1. (a) Name of Candidate (in full) Hill, Victor, Keith, Mr.,		
(b) Address (number and street) 6500 HALCYON WAY Apt. 363 Alpharet		<input type="checkbox"/> Check if address changed
(c) City, State, and ZIP Code ALPHARETTA GA 30005		2. Candidate's FEC Identification Number H6GA05316
4. Party Affiliation Dem		5. Office Sought House
6. State & District of Candidate GA 05		3. Is This Statement <input type="checkbox"/> New (N) OR <input checked="" type="checkbox"/> Amended (A)

### 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) VICTOR HILL FOR CONGRESS		
(b) Address (number and street) 6500 HALCYON WAY APT. 363 ALPHARET		
(c) City, State, and ZIP Code ALPHARETTA GA 30005		

### 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 Hill, Victor, Keith, Mr.,	Date 06/23/2025
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**NOTE:** Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.

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