

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEEE (in full)  (Check if name  
is changed) Example: If typing, type  
over the lines.

12FE4M5

STEVE A VON LOOR FOR US CONGRTESS

ADDRESS (number and street)  (Check if address  
is changed) 3304 HIGH GATE ROADRALEIGH  
CITY ▲NC  
STATE ▲27603  
ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

 (Check if address  
is changed) steve@steveavonloor.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

 (Check if address  
is changed) WWW.STEVEAVONLOOR.ORG

2. DATE

M M / D D / Y Y Y Y  
01 / 31 / 2024

3. FEC IDENTIFICATION NUMBER ►

C C00867929

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer loor, alicia, m.,

Signature of Treasurer loor, alicia, m.,

Date M M / D D / Y Y Y Y  
01 / 31 / 2024NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.  
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 06/2012)

## 5. TYPE OF COMMITTEE:

**Candidate Committee:**

(a)  This committee is a principal campaign committee. (Complete the candidate information below.)

(b)  This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate **LOOR, STEVE, ALBERT, ,**

Candidate Party Affiliation

**REP**

Office Sought:

House

Senate

President

State

**NC**

District

**13**

(c)  This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(National, State

or subordinate) committee of the

(Democratic,

Republican, etc.) Party

**Party Committee:**

(d)  This committee is a

(National, State  
or subordinate) committee of the

(Democratic,  
Republican, etc.) Party

**Political Action Committee (PAC):**

(e)  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

Corporation

Corporation w/o Capital Stock

Labor Organization

Membership Organization

Trade Association

Cooperative

In addition, this committee is a Lobbyist/Registrant PAC.

(f)  This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

In addition, this committee is a Lobbyist/Registrant PAC.

In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

(g)  This committee is an independent expenditure-only political committee (Super PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

(h)  This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

In addition, this committee is a Lobbyist/Registrant PAC.

**Joint Fundraising Representative:**

(i)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.

(j)  This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

**C**

2.

**C**

Write or Type Committee Name

**STEVE A VON LOOR FOR US CONGRTESS****6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor**

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship:  Connected Organization  Affiliated Organization  Joint Fundraising Representative  Leadership PAC Sponsor**7. Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

loor, alicia, m, ,

Mailing Address

3304 high gate road

NC

27603

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

treasure

Telephone number

919 - 697 - 3483

**8. Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).Full Name  
of Treasurer

loor, alicia, m, ,

Mailing Address

3304 high gate road

NC

27603

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

919 - 697 - 3483

Full Name of  
Designated  
Agent

loor, steve, albert, ,

Mailing Address

3304 high gate road

raleigh

NC

27603

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

candidate

Telephone number

919

827

7412

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

wells fargo

Mailing Address

1256 E Broad St,

Fuquay-Varina

NC

27603

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲