Image# 201809129121704800				PAGE 1/4
FEC FORM 1	STATEMEI ORGANIZ	_		FAGE 174 =
			С	Office Use Only
I. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
Marquez Petersc	n Victory Fund			
ADDRESS (number and street)	PO Box 26141			
(Check if address				
is changed)	Alexandria		VA 223	313
			L L_I STATE ▲	
COMMITTEE'S E-MAIL ADDRE	222			
(Check if address	brenda@electioncfo.co	<b>om</b>		
is changed)	Optional Second E-Mail Ad	dress		
	chris@electioncfo.co			
COMMITTEE'S WEB PAGE AD (Check if address is changed)				
2. DATE 09 1:				
	JMBER ► С с	00687400		
IS THIS STATEMENT	NEW (N) OR	AMENDED (A)		
certify that I have examined the	his Statement and to the best	of my knowledge and belief	it is true correct and	d complete
coury mater have courninged in		e. my knowlodge and beller		
ype or Print Name of Treasure	Hankins, Brenda, , ,			
Signature of Treasurer	ins, Brenda, , ,	[Electronically Filed]	Date 09	/ D D / Y Y Y Y 12 2018
IOTE: Submission of false, erron		may subject the person signing ON SHOULD BE REPORTED		penalties of 2 U.S.C. §437
Office		For further information	contact:	FEC FORM 1
Use Only		Federal Election Commis Toll Free 800-424-9530 Local 202-694-1100	sion	(Revised 06/2012)

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FEG	C Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE C	DF COMMITTEE	
Candi	date 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 information below.)	e the candidate
Name o Candida		
Candida Party Af		State
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name o Candida		
Party	Committee:	
(d)		mocratic, ublican, etc.) Party.
Politic	al Action Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connect	ted organization is a:
	Corporation Corporation w/o Capital Stock	abor Organization
	Membership Organization Trade Association Co	ooperative
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f)	This committee supports/opposes more than one Federal candidate, and is NOT a separate segreg committee. (i.e., nonconnected committee)	gated fund or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint F	undraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	r more political
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
(	Committees Participating in Joint Fundraiser	
	LEA MARQUEZ PETERSON FOR CONGRESS	054
	ARIZONA REPUBLICAN PARTY	227
(	NRCC	320
2	4 FEC ID number C	

FEC Form 1 (Revised 02/2009)

22313

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ZIP CODE

VA

STATE

Telephone number

Write or Type Committee Name

## Marquez Peterson Victory Fund

Alexandria

Title or Position

CITY

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

N									
L									
	Mailing Address								
		CITY STATE ZIP CODE							
	Relationship: Connected	Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Spons	or						
			_						
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number optional) and position of the person in possession of committe	эe						
	Marston, C	hris, , ,							
	Mailing Address	PO Box 26141							
		Alexandria    VA    22313							
	Title or Position	CITY STATE ZIP CODE							
	Assistant Treasurer  Telephone number								
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 Hankins, Br	enda,,,							
	Mailing Address	PO Box 26141							

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FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent				1							1	I								I											
Mailing Address																															
						1													L				L								
									CI	ΓY									ST	ATE	2				ZI	P	200	DE			
Title or Position																															
														Tele	eph	ione	e n	um	ber		L										

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.
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Eagle	3ank		
Mailing Address	2001 K St NW		
	Washington	DC 20006	
	CITY	STATE	ZIP CODE
Name of Bank, Depository,	etc.		
Mailing Address			
	CITY	STATE	ZIP CODE