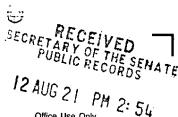
FEC FORM

STATEMENT OF ORGANIZATION



FORM 1		URGA	NIZAI	ION		Office Use Only 2: 54
NAME OF COMMITTEE (in	n full)	(Check if na is changed)		ixample:If typing, type ver the lines.	12FE4M	5
MARC VIC	TOR	OR SENA	TE C	DMMITTEE,		
ADDRESS (number a	nd street)	3165 SOL	JTH AL	MA SCHOOL	- ROAI	D, #29-108
(Check if ac is changed)		CHANDLE	R		ΑZ	85248
			CITY		STATE	ZIP CODE
COMMITTEE'S E-MA	IL ADDRES		-	•		
(Check if is change		info@Vict	orForS ·	Senate.com	.	12. T.
COMMITTEE'S WEB	PAGE ADD	ali Cata i 17 ta 1620 RESS (URL) _{Salad} a			AF A U POVA Berguer und	31 4
(Check if is changed	address d)					
2. DATE 08	6.	<u> </u>				
3. FEC IDENTIFIC	CATION_NUI	MBER	C			••
4. IS THIS STATEM	MENT 🗵	NEW (N)	OR [AMENDED (A)		
I certify that I have e	xamined this	Statement and to t	he best of m	y knowledge and belief it	is true, corre	ct and complete.
Type or Print Name of	of Treasurer	JOE CO	BB _			
Signature of Treasure		Vre (M		Date 08	3" 06° 2012.
NOTE: Submission of the CONNELL street of the				subject the person signing the		to the penalties of 2 U.S.C. §437g. S.
Office Use Only	£. •			For further information co Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

FEC ID number

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FEC ID number

1.

2.

3.

FEC Form 1 (Revised	3 02/2009)	Page 3
Write or Type Committee Nar	me	
MARC VICTOR	R FOR SENATE COMMITTEE	
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or L	eadership PAC Sponsor
Mailing Address		
Mailing Address		
	CITY STATE	ZIP CODE
pure e Da i	<u></u>	r
Relationship: Connect	ted Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
books and records.	entify by name, address (phone number optional) and position of the person	n in possession of committee
Full Name	E WASDIN	1 1 1 1 1 1 1 1
Mailing Address	3165 SOUTH ALMA SCHOOL ROAD, #29-10	8
	CHANDLER AZ E	35248
Title or Position	CITY STATE	ZIP CODE
CHAIRMAN	Telephone number [480]	_ [304
8. Treasurer: List the name a any designated agent (e.g.,	and address (phone number optional) of the treasurer of the committee; and assistant treasurer).	the name and address of
Full Name JOE	ÇOBB	<u> </u>
Mailing Address	_[РО, ВОХ 1855	
		1 1 1 1 1 1 1 1
	GLENDALE AZ 18	3531,1
Title or Position	CITY STATE	ZIP CODE

Telephone number

	m 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address		
Title on Deckler	CITY STATE	ZIP CODE
Title or Position	Telephone number	
Banks or Other safety deposit b Name of Bank,	r Depositories: List all banks or other depositories in which the committee deposits oxes or maintains funds. Depository, etc.	funds, holds accounts, rents
Mallian Add	PO BOX 25118	
Mailing Address		
•	TAMPA FL.	[33622] - [
		ZIP CODE
Name of Bank,	- op-100.4.), 4.0.	
Name of Bank,	PAYPAL	
Name of Bank, Mailing Address	PAYPAL [221,1 NORTH 1st STREET	
	PAYPAL	[95131,] _ [

12026640858 joe Cobb PO Box 1855 Glendale, AZ 85311

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PREPARER

DANA K. MCCALLUM SUPERINTENDENT

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