**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Marc J. Victor For Senate 2424 West Hope Circle ADDRESS (number and street) (Check if address is changed) Chandler 85248 ΑZ CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS marc@attorneysforfreedom.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 03 2021 C00796425 FEC IDENTIFICATION NUMBER > 3. X 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. Victor, Marc, , , Type or Print Name of Treasurer Victor, Marc, , , [Electronically Filed] 12 03 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

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		OMMITTEE
(a)	×	This committee is a principal campaign committee. (Complete the candidate information below.)
(b) Name	of	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)    Victor, Marc, Jeffrey, ,
Candi	date	
Candi Party	date Affiliatio	on LIB Office State President District
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name Candi		
Part	y Con	nmittee:  (National, State (Democratic,
(d)		This committee is a or subordinate) committee of the Republican, etc.) Part
Polit	ical A	ction Committee (PAC):
(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is
		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 par 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.)
Joint	Fund	Iraising Representative:
(g)		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.
(h)		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.
	Com	mittees Participating in Joint Fundraiser
	1.	FEC ID number C
	2.	FEC ID number C
	3.	FEC ID number C
	4.	

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Write or Type Committee N		. 0
Marc J. Victo		
	ed Organization, Affiliated Committee, Joint Fundraising Representati	ve, or Leadership PAC Sponsor
NONE		
Mailing Address		
ý		
	CITY STATE	ZIP CODE
Relationship: Conne	ected Organization Affiliated Committee Joint Fundraising Represe	entative Leadership PAC Sponsor
. Custodian of Records: books and records.	Identify by name, address (phone number optional) and position of the	e person in possession of committee
Victor	r, Marc, , ,	
Mailing Address	2424 West Hope Circle	
	Chandler AZ	85248
Title or Position	CITY STATE	ZIP CODE
Candidate	Telephone number	480 - 455 - 5232
s. <b>Treasurer:</b> List the name any designated agent (e	e and address (phone number optional) of the treasurer of the committee.g., assistant treasurer).	ee; and the name and address of
Full Name Victor of Treasurer	, Marc, , ,	
Mailing Address	2424 West Hope Circle	
	Chandler AZ	85248
Title or Position	CITY STATE	ZIP CODE
	Telephone number	480   455   5232

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Full Name of Designated		
Agent		
Mailing Address		
	CITY STATE	ZIP CODE
Title or Position		
	Telephone number	
safety deposit b	or <b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, hoxes or maintains funds.  Depository, etc.	
safety deposit b	Depository, etc.  Bank of America  100 North Tryon Street	
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	55
safety deposit b Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street	55 ZIP CODE
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  NC 2825	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE	
safety deposit by Name of Bank,  Mailing Address	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	
safety deposit by Name of Bank,  Mailing Address  Name of Bank,	Depository, etc.  Bank of America  100 North Tryon Street  Charlotte  CITY  STATE  Depository, etc.	