

# FEC FORM 1

# STATEMENT OF ORGANIZATION

Office Use Only

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

12FE4M5

Rebecca Gail Abair Law Office

ADDRESS (number and street) 109 Moyna Drive

(Check if address is changed)

Hendersonville TN 37075  
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) rebeccaabair7@gmail.com

Optional Second E-Mail Address  
rebeccaabair7@gmail.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) Rebeccagailabairlawoffice@webador.com

2. DATE 06 / 15 / 2022

3. FEC IDENTIFICATION NUMBER C C00818385

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 Abair, Rebecca, Gail, Ms., I

Signature of Treasurer Abair, Rebecca, Gail, Ms., I [Electronically Filed] Date 06 / 16 / 2022

NOTE: 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.

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 Abair, Rebecca, Gail, Ms.,

Candidate Party Affiliation REP Office Sought:  House  Senate  President State  District

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

Name of Candidate \_\_\_\_\_

**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

# Rebecca Gail Abair Law Office

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

NONE

[Empty grid lines for organization name]

Mailing Address

[Empty grid lines for 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.

Abair, Rebecca, Gail, Ms., I

Full Name

[Empty grid lines for full name]

Mailing Address

109 Moyna Drive

[Empty grid lines for mailing address]

Hendersonville

TN

37075

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Delegate

[Empty grid lines for title/position]

Telephone number

629

259

0001

[Empty grid lines for 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).

Abair, Rebecca, Gail, Ms., I

Full Name of Treasurer

[Empty grid lines for full name of treasurer]

Mailing Address

109 Moyna Drive

[Empty grid lines for mailing address]

Hendersonville

TN

37075

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Delegate

[Empty grid lines for title/position]

Telephone number

629

259

0001

[Empty grid lines for telephone number]

Full Name of Designated Agent Abair, Rebecca, Gail, Ms., I

Mailing Address 109 Moyna Drive Hendersonville TN 37075 CITY STATE ZIP CODE

Title or Position Delegate Telephone number 629 259 0001

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.

First Horizon Bank

Mailing Address Main Street Hendersonville TN 37075 CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1N  
Transaction ID :

Rebecca Gail Abair Law Office &#9878;&#65039;&#127482;&#127480;&#127963;&#65039;

Form/Schedule: F1N  
Transaction ID:

I, Rebecca Gail Abair, Official Delegate, am running for Office of the President of the United States of America in the 2024/2025 Election.I am Governor of Washington.I am on the Republican Ticket.