

**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

Abolish Abortion PAC

ADDRESS (number and street)

1369 Harbor View Drive

☐ (Check if address is changed)

North Fort Myers

CITY ▲

FL

STATE ▲

33917

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐ (Check if address is changed)

lexrex5@gmail.com

Optional Second E-Mail Address

arv@libertyprolife.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐ (Check if address is changed)

Under Construction

2. DATE

MM / DD / YYYY
04 / 05 / 2021

3. FEC IDENTIFICATION NUMBER ►

C C00781849

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 Veldhuyzen, Albert, R., Mr.,

Signature of Treasurer Veldhuyzen, Albert, R., Mr.,

[Electronically Filed]

Date

MM / DD / YYYY
06 / 09 / 2021

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
Use
OnlyFor further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100**FEC FORM 1**
(Revised 06/2012)

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|----|-------------|---------------|-------------|
| 1. | <div></div> | FEC ID number | <div></div> |
| 2. | <div></div> | FEC ID number | <div></div> |
| 3. | <div></div> | FEC ID number | <div></div> |
| 4. | <div></div> | FEC ID number | <div></div> |

Write or Type Committee Name

Abolish Abortion PAC**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 Committee ☐ 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

Veldhuyzen, Albert, R., Mr.,

Mailing Address

1369 Harbor View Drive

North Fort Myers

FL

33917

Title or Position

CITY

STATE

ZIP CODE

Treasurer

Telephone number

540

220

8596

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

Veldhuyzen, Albert, R., Mr.,

Mailing Address

1369 Harbor View Drive

North Fort Myers

FL

33917

Title or Position
Treasurer

CITY

STATE

ZIP CODE

Telephone number

540

220

8596

Full Name of
Designated
Agent

Veldhuyzen, Albert, R, Mr.,

Mailing Address

1369 Harbor View Drive

North Fort Myers

CITY

FL

STATE

33917

ZIP CODE

Title or Position

Treasurer

Telephone number

540

220

8596

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.

SunTrust

Mailing Address

2223 Del Prado Boulevard South

Cape Coral

CITY

FL

STATE

33990

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE