

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

RECEIVED
SECRETARY OF
PUBLIC RECORDS
THE SENATE
RECEIVED
FEC MAIL CENTER
17 JAN 26 PM 12:11
2017 JAN 25 PM 2:47

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

D R M A R C I A K A R E N A B R A M S F U N D U N I T E D S T A T E S S E N A T E

D R M A R C I A K A R E N A B R A M S F U N D U N I T E D S T A T E S S E N A T E

ADDRESS (number and street) 204 HELEN STREET

(Check if address is changed)

F A Y E T T E V I L L E N C 2 8 3 0 3 -

CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) Dr-Abrams@Dr-Abrams-for-President.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) http://www.Dr-Abrams-for-President.com

2. DATE 01 06 2017

3. FEC IDENTIFICATION NUMBER C 0 0 6 2 4 2 3 9

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 Erica Hannon - Assistant Treasurer

Signature of Treasurer *Erica Hannon* Date 01 19 2017
Assistant Treasurer

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

201701260200017881

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: D R. M A R C I A K A R E N A B R A M S, M D I V, D. D., PHD

Candidate Party Affiliation: R E P Office Sought: X House Senate President State: N C District:

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

Name of Candidate: [Empty]

Party Committee:

- (d) This committee is a N A T (National) State (Democratic, Republican, etc.) committee of the R E P 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.)

Joint Fundraising 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.

Committees Participating in Joint Fundraiser

1. D R. M K A F U N D U N I T E D S T A T E S S E N A T E | FEC ID number C 0 0 6 2 4 2 3 9
2. D R. A B R A M S F O R C O N G R E S S | FEC ID number C
3. D R. A B R A M S F O R P R E S I D E N T | FEC ID number C
4. D R. A B R A M S F O R S E N A T E | FEC ID number C

201701260200017882

Write or Type Committee Name

DR. MARCIA KAREN ABRAMS FUND UNITED STATES SENATE

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

DR. MARCIA KAREN ABRAMS, FOR UNITED STATES SENATE

Mailing Address

204 HELEN ST
FAYETTEVILLE NC 28303
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 ERICA HANNOR

Mailing Address 3210 BRAD FENN DR
CHARLOTTE, NC 28216
CITY STATE ZIP CODE

Title or Position ASSISTANT TREASURER
Telephone number 910-366-7446

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 LINDSAY BERNARD WALLACE / DR. ABRAMS

Mailing Address 204 HELEN ST
FAYETTEVILLE, NC 28303
CHARLOTTE, NC
CITY STATE ZIP CODE

Title or Position TREASURER
Telephone number 910-366-7446

201701260200017883

Full Name of Designated Agent

DR. MARCIA KAREN ABRAMS, PHD

Mailing Address

204 HELEN STREET

FAYETTEVILLE,

CITY

NC

STATE

28303-

ZIP CODE

Title or Position

Challenger/Candidate

Telephone number

910-366-7446

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.

NAVY FEDERAL CREDIT UNION

Mailing Address

820 FOLLIN LANE

VIENNA

CITY

VA

STATE

22180-

ZIP CODE

Name of Bank, Depository, etc.

NAVY FEDERAL CREDIT UNION

Mailing Address

820 FOLLIN LANE

VIENNA

CITY

VA

STATE

22180-

ZIP CODE

201701250200017884

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fedex.com 1.800.GoFedEx 1.800.463.3339

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8 16:30

313 0678

Form ID No. 0215

MURKIN

RECEIVED
FEC MAIL CENTER
2017 JAN 25 PM 2:47

FedEx Package
Express US Airbill

1 From Date 1/23/17 01:25

Senders Name Phone

Company Address

City State ZIP

2 Your Internal Billing Reference

3 To Recipients Name Phone

Company Address

City State ZIP

Address Use this line for the FROM location address or for consolidation of your shipping address.



8111 9313 0678

4 Express Package Service

Next Business Day

FedEx First Overnight

FedEx Priority Overnight

FedEx Standard Overnight

5 Packaging

FedEx Envelope

6 Special Handling and Delivery Signature Options

No Signature Required

Direct Signature

Indirect Signature

7 Payment Bill to:

Service

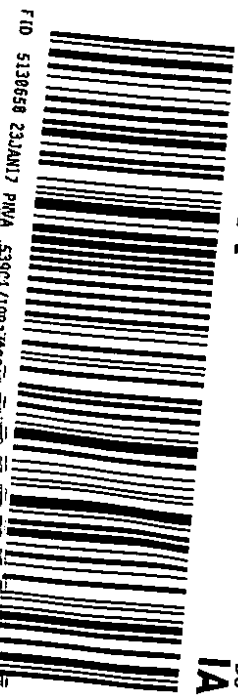
Total Packages

K5 RDVA

FedEx
TRK# 0215 8111 9313 0678

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fedex.com 1.800.GoFedEx 1.800.463.3339

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Date of Receipt Postmark

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>1/23/17</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION 1/26/17
Date of Receipt

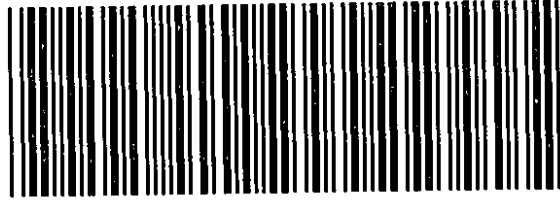
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

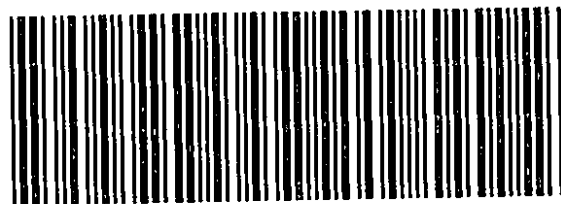
OTHER _____
Date of Receipt or Postmark

PREPARER MA DATE PREPARED 1/26/17

201701250200017886



SEN PATCH



SEN PATCH

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