

FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

11 OCT -7 PM 12:05

Office use only

1. NAME OF COMMITTEE (in full)

(Check if name is changed)

Example: If typing, type over the lines

12FE4M5

Portman For Senate Committee

ADDRESS (number and street)

9856 Archer Lane

(Check if address is changed)

Dublin

OH

43017

8914

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

(Check if address is changed)

nkbaur@aol.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

www.RobPortman.com

2. DATE

09 / 30 / 2011

3. FEC IDENTIFICATION NUMBER

C C00458463

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

Mrs. Natalie K. Baur

Signature of Treasurer

Natalie Baur

Date

09 / 30 / 2011

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

FEC FORM 1 (Revised 02/2009)

11020364496

5. TYPE OF COMMITTEE (Check One)

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 The Honora Robert Portman

Candidate Party Affiliation REP Office Sought: House Senate President State OH District 00

- (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
- (f) 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. _____	FEC ID number	<u>C</u> _____
2. _____	FEC ID number	<u>C</u> _____
3. _____	FEC ID number	<u>C</u> _____
4. _____	FEC ID number	<u>C</u> _____

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Write or Type Committee Name

Portman For Senate Committee

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

Portman Senatorial Trust

Mailing Address 228 S Washington Street Suite 115 Alexandria VA 22314 - 5404 CITY STATE ZIP CODE

Relationship:

Connected Organization Affiliated Committee [X] 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 Mrs. Esther H. Tombragel Mailing Address 8331 Little Harbor Drive Cincinnati OH 45244 - 2768 Title or Position Custodian of Records 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).

Full Name of Treasurer Mrs. Natalie K. Baur Mailing Address 9856 Archer Lane Dublin OH 43017 - 8914 Title or Position Treasurer Telephone number 614 - 766 - 9073

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Full Name of Designated Agent

Mrs. Esther H. Tombragel

Mailing Address

8331 Little Harbor Drive

Cincinnati

OH

45244 - 2768

Title or Position

CITY

STATE

ZIP CODE

Assistant Treasurer

Telephone number

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.

The Fifth Third Bank

Mailing Address

38 Fountain Square Plaza

Cincinnati

OH

45202 - 3102

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

11020364499



United States Senate
Post Office



United States Senate
Post Office



United States Senate
Post Office

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Page 1 of 1
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From: (614) 786-9073
Natalie Baur
Portman for Senate
9856 Archer Lane
Dublin, OH 43017

Origin ID: CMHA



J1120110003025

SHIP TO: (202) 224-0758
Office of Public Records
Secretary of the Senate
232 HART SENATE OFFICE BUILDING
WASHINGTON, DC 20510

Ship Date: 04OCT11
ActWgt: 1.0 LB
CAD: 100584870/NET3180

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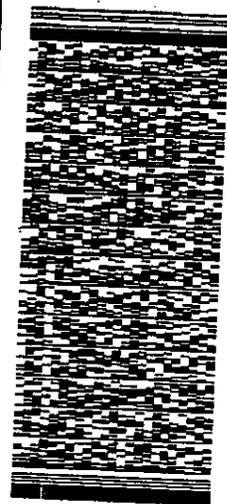
Natalie Baur

WED - 05 OCT A2
STANDARD OVERNIGHT

TRK# 7952 5788 0600
0201

XC YKNA

20510
DC-US
DCA



9
707
10:00
09:00
ETZ

50FG19013/PSF4

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

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DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	NEXT BUSINESS DAY DELIVERY
FEDERAL EXPRESS	<u>10-5-11</u>	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

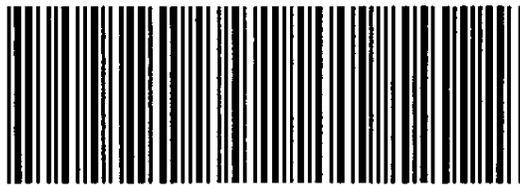
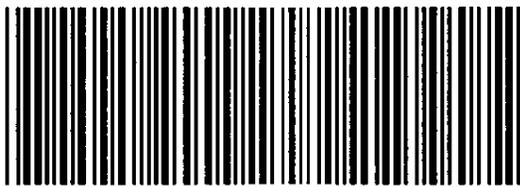
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Date of Receipt

OTHER _____
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PREPARER DH DATE PREPARED 10-7-11

11020364501



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