Only

STATEMENT OF

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FEC ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Restoring Our Freedom PAC 9856 Archer Ln. ADDRESS (number and street) (Check if address is changed) Dublin 43017 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address natalie@Nkbaurassociates.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00875047 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. Type or Print Name of Treasurer Baur, Natalie, , Date 04 02 2024 Signature of Treasurer Baur, Natalie, , , 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 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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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 information below.)					
Name of Candidate					
Candidate Office Canada	State				
Party Affiliation Sought: House Senate President	District				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
(d) This committee is a	nocratic, ublican, etc.) Party				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	onnected organization is a				
Corporation Corporation w/o Capital Stock	abor Organization				
	Cooperative				
In addition, this committee is a Lobbyist/Registrant PAC.					
(f) X This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated fund or party				
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 (Hy	brid 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 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 committees/organizations, none of which is an authorized committee of a federal candidate.	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					

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٧	/rite or Type Committee Name	andam DAO			
6.	Restoring Our Fr	GECIOM PAC ganization, Affiliated Committee, Joint Fundraising Repre	esentative, or Lead	dership PAC Sponsor	
	Taylor, David, , ,				
	Mailing Address	509 Chapel Rd			
		Amelia	OH 451	02	
		CITY ▲	STATE ▲	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Joint Fundraising	Representative	X Leadership PAC Sponso	
7.	Custodian of Records: Idention books and records.	ry by name, address (phone number optional) and position of	f the person in poss	session of committee	
	Baur, Natal	e,,,			
	Mailing Address	9856 Archer Ln			
		Dublin	OH 430	17	
		CITY A	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Treasurer	Telephone numl	ber 614 -	- 563 - 1538	
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 Baur, Natal of Treasurer	e,,,			
	Mailing Address	9856 Archer Ln			
		Dublin	OH 430	17	
		CITY A	STATE ▲	ZIP CODE ▲	
	Title or Position ▼				
	Treasurer	Telephone numl	ber 614 -	1538	

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Full Name of							
Designated Agent							
Mailing Address							
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲				
		Telephone number					
Banks or Other De safety deposit boxes	positories: List all banks or other depositories in who or maintains funds.	ich the committee deposits fun	ds, holds accounts, rents				
Name of Bank, Dep	Name of Bank, Depository, etc.						
F	ifth Third Bank						
Mailing Address	6280 Perimeter Drive						
		OH	43 017 				
	CITY ▲	STATE ▲	ZIP CODE ▲				
Name of Bank, Depository, etc.							
L							
Mailing Address							
	CITY ▲	STATE ▲	ZIP CODE ▲				