Only

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STATEMENT OF **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. Promoting Our Republican Team PAC 8331 Little Harbor Drive ADDRESS (number and street) (Check if address is changed) Cincinnati 45244-2768 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS nkbaur@aol.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 30 2020 C00440032 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. Baur, Natalie, , Mrs., Type or Print Name of Treasurer Baur, Natalie, , Mrs., [Electronically Filed] 06 10 2020 Signature of Treasurer Date 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 For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

(le) This accomplished in an explicit	ipal campaign committee. (Complete the candidate information belo	w.)
(b) This committee is an auth information below.)	norized committee, and is NOT a principal campaign committee. (Co	omplete the candidate
Name of Candidate		
Candidate Party Affiliation	Office Sought: House Senate President	State
(c) This committee supports/o	opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Committee:	(National, State	(Democratic,
(d) This committee is a	or subordinate) committee of the	Republican, etc.) Party
Political Action Committee (PAC	<b>;</b> ;	
(e) This committee is a separ	rate segregated fund. (Identify connected organization on line 6.) Its c	connected organization is
Corporation	Corporation w/o Capital Stock	Labor Organization
Membership Orga	anization Trade Association	Cooperative
In addition,	, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/c committee. (i.e., nonconnection)	opposes more than one Federal candidate, and is NOT a separate cted committee)	segregated fund or party
In addition, this con	mmittee is a Lobbyist/Registrant PAC.	
In addition, this con	mmittee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative	re:	
(g) This committee collects cor	ntributions, pays fundraising expenses and disburses net proceeds for	
committees/organizations,	at least one of which is an authorized committee of a federal candidat	
	ntributions, pays fundraising expenses and disburses net proceeds for none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in J	loint Fundraiser	
1. [	FEC ID number	
2.	FEC ID number	
3.		

FEC Form 1 (Davised	1.02/2000)	Page	. 3
FEC Form 1 (Revised Write or Type Committee Nan		Page	. <b>J</b>
•	Republican Team PAC		
	Organization, Affiliated Committee, Joint Fundraisir	na Penresentative or Leadershin PAC 9	Snonsor
-		ig Representative, or Leadership i Ao S	ропзоі
Portman Victory Com			
Mailing Address	228 S Washington St		
· ·	Ste 115		
	Alexandria	VA 22314-5404	
	CITY	STATE ZIP CODI	 E
Datasia II 🗖 a		desiring Decree 1 of Decree 1 of	A.C. C:
Relationship: Connect	ed Organization Affiliated Committee	draising Representative Leadership P.	AC Sponsor
<ol> <li>Custodian of Records: Ide books and records.</li> </ol>	entify by name, address (phone number optional) an	nd position of the person in possession o	f committee
Baur, Na Full Name	atalie, , Mrs.,		, , , <b>,</b> 1
	9856 Archer Lane		
Mailing Address			
	Dublin	OH 43017-8914	
Title or Position	CITY	STATE ZIP CODE	E
Treasurer	Telepho	one number 614 - 563	1538
3. <b>Treasurer:</b> List the name a any designated agent (e.g.,	nd address (phone number optional) of the treasure assistant treasurer).	r of the committee; and the name and ad	ddress of
	talie, , Mrs.,		1
of Treasurer	9856 Archer Lane		
Mailing Address			
	Dublin	OH 43017-8914	
Title or Position , Treasurer	CITY	STATE ZIP CODE	1538 ,
	Telepho	ne number	1000

Full Name of Designated Agent	Tombragel,	Esther, , ,					
Mailing Address		8331 Little Harbor Driv	re				
		Cincinnati	CITY		OH STATE	45244	ZIP CODE
Title or Position Assistant Treas	urer			Telephone nu	ı		
Banks or Other	Domocitorios	List all banks an all	or donocitorios in w	hich the commi	ttee denosits	funds, hold	ds accounts, rents
safety deposit bo	oxes or mainta	i: List all banks or oth iins funds.	er depositories in wi	nich the commi	nee deposits	·	
safety deposit bo Name of Bank, I	oxes or mainta	ins funds.	er depositories iri wi	nich the commi	nee deposits	·	
safety deposit bo	oxes or mainta	ins funds. :.	er depositories in wi	incir une commi	ace deposies		
safety deposit bo	Depository, etc	ins funds. :.	er depositories in wi				
safety deposit bo Name of Bank, [	Depository, etc	ank	er depositories in wi				
safety deposit bo Name of Bank, [	Depository, etc	ank	er depositories in wi		DC	20006	
safety deposit bo Name of Bank, [	Depository, etc	ank 1909 K Streeet NW	CITY				ZIP CODE
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc	ank  1909 K Street NW  Washington			DC		
safety deposit bo Name of Bank, [ Mailing Address	Depository, etc	ank  1909 K Street NW  Washington			DC		
safety deposit bo Name of Bank, [ Mailing Address  Name of Bank, [	BB&T B	ank  1909 K Street NW  Washington			DC		
safety deposit bo Name of Bank, [	BB&T B	ank  1909 K Street NW  Washington			DC		
safety deposit bo Name of Bank, [ Mailing Address  Name of Bank, [	BB&T B	ank  1909 K Street NW  Washington			DC		

## Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

FEC Form 1S (Revised 02/2017)

Page \_\_\_\_ **of** \_\_\_\_

TITLE OR POSITION  Banks or Other Depositor boxes or management of Bank, Depository, etc.  Mailing Address	ries: List all ba			hone Number		]-[
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Banks or Other Deposito afety deposit boxes or ma	ries: List all ba			hone Number		]-[
Banks or Other Deposito	ries: List all ba			hone Number		]-[
				hone Number		]-[
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TITLE OR POSITION	<b>V</b>			SIAIL		DE 🛦
		CITY A		STATE ▲	ZIP CO	
						]
Mailing Address						
Full Name						
Designated Agent: Identify	/ by name, add	dress (phone number	– optional)			
Connected	d Organization	Affiliated Committee	ee X Joint Fu	ndraising Representa	ative Leadersh	nip PAC Spo
Relationship:		CITY ▲		STATE A	ZIP C	ODE A
				,     ,	8914	I_I
Mailing Addiess						1 1 1 1
Mailing Address	1					
Name of Any Connected Team Portman	Organization,	Affiliated Committee	, Joint Fundrais	ing Representative	e, or Leadership P	PAC Spons
Ŧ. [						
4.				FEC ID number	С	
3.				FEC ID number	С	
3.				FEC ID number	C	
1			<b> </b>			

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

Page \_\_\_\_ **of** \_\_\_\_

(h). <b>Joint Fundraisi</b>	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3		FEC ID number	С
4.		FEC ID number	C
Hon. Robert Port	Organization, Affiliated Committee, Joint Fundra	aising Representative	e, or Leadership PAC Spons
Mailing Address	825 Miami Avenue		
	Terrace Park	OH OH	45174
Relationship:	OITV. A	STATE ▲	ZIP CODE ▲
Connecte	CITY  and Organization  Affiliated Committee  Joint  Ty by name, address (phone number – optional)	Fundraising Representa	ative Leadership PAC Spo
Connecte	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Connected Agent: Identification	d Organization Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	d Organization Affiliated Committee Joint	Fundraising Representa	Leadership PAC Spo
Connecte  Designated Agent: Identif	Affiliated Committee Joint by by name, address (phone number – optional)	Fundraising Representation	Leadership PAC Spo
Connecte  Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  Ty by name, address (phone number – optional)  CITY		
Connected  Pesignated Agent: Identification  Full Name  Mailing Address  TITLE OR POSITION	Affiliated Committee Joint  Ty by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which	STATE A elephone Number the committee deposit	ZIP CODE   s funds, holds accounts, rents
Connected Pesignated Agent: Identification of Bank, Depository, etc.	Affiliated Committee Joint  Ty by name, address (phone number – optional)  CITY   CITY   Telepries: List all banks or other depositories in which aintains funds.	STATE A elephone Number the committee deposit	ZIP CODE   s funds, holds accounts, rents