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. One Country, One Destiny 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 nkbaur@aol.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00875732 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 10 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 cand information below.)	idate			
	Name of Candidate				
	Party Affiliation Sought: House Senate President	tate trict			
	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 Republican, etc.) F	Party			
Political Action Committee (PAC):					
	e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected orga	nization is a:			
	Corporation Corporation w/o Capital Stock Labor Organiza	ation			
	Membership Organization Trade Association 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 segregated fund or process 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.)				
	(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 (Hybrid PAC).				
	In addition, this committee is a Lobbyist/Registrant 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 two or more political committees/organizations, at least one 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				

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۷	Write or Type Committee Name	D (1 DAG			
	One Country, One Destiny PAC				
6.	Name of Any Connected O COUGHLIN, KEVIN,	rganization, Affiliated Committee, Joint Fundra ,,	aising Representat	ive, or Leadership PAC Sponsor	
	Mailing Address	4534 BARNSLEIGH DR			
		AKRON	OH	44333-1655	
		CITY ▲	STATE	ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization Join	t Fundraising Repres	sentative X Leadership PAC Sponso	
				_	
7.	Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession of committee books and records.				
	Baur, Natalie, , ,				
	Full Name				
	Mailing Address	9856 Archer Lane			
		Dublin	OH	43017	
		CITY A	STATE	▲ ZIP CODE ▲	
	Title or Position ▼				
	Treasurer		ephone number	614 - 563 - 1538	
8.	<b>Treasurer:</b> 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, Nata of Treasurer	lie, , ,			
	Mailing Address	9856 Archer Lane			
	Mailing Address				
		Dublin	, OH	1 43017	
	T''	CITY ▲	STATE	▲ ZIP CODE ▲	
	Title or Position ▼			044 500 1500	
	Treasurer		ephone number	614 - 563 - 1538	

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D	Full Name of Designated Agent						
M	Mailing Address						
		CITY ▲ STATE	ZIP CODE ▲				
Т	itle or Position	<b>▼</b>					
L		Telephone number					
		<b>Depositories:</b> List all banks or other depositories in which the committee depositories or maintains funds.	sits funds, holds accounts, rents				
N	Name of Bank, Depository, etc.						
		Fifth Third Bank					
M	Mailing Address	6380 Perimeter Drive					
		Dublin   OH	43017				
		CITY ▲ STATE	▲ ZIP CODE ▲				
N	lame of Bank, [	Depository, etc.					
M	Mailing Address						
		CITY ▲ STATE	▲ ZIP CODE ▲				