

FEC FORM 1

STATEMENT OF ORGANIZATION

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

(Check if address is changed) nkbaur@aol.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed) www.RobPortman.com

2. DATE 04 / 01 / 2022

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 Baur, Natalie, K., Mrs.,

Signature of Treasurer Baur, Natalie, K., Mrs., [Electronically Filed] Date 07 / 13 / 2022

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.

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 Portman, Rob, , Hon.,

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

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.)

- (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.

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.
- (j) 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. _____
2. _____

C _____
C _____

Write or Type Committee Name

Portman For Senate Committee

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

NONE

Grid for organization name

Mailing Address

Grid for mailing address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: Connected Organization Affiliated Organization 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.

Tombragel, Esther, H., Mrs.,

Full Name

Grid for full name

Mailing Address

8331 Little Harbor Drive

Grid for mailing address

Cincinnati

OH

45244-2768

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Grid for title or position

Telephone number

513

276

4948

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

Baur, Natalie, K., Mrs.,

Grid for full name of treasurer

Mailing Address

9856 Archer Lane

Grid for mailing address

Dublin

OH

43017-8914

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Grid for title or position

Telephone number

614

766

9078

Full Name of Designated Agent

[Empty grid for Full Name of Designated Agent]

Mailing Address

[Empty grid for Mailing Address line 1]

[Empty grid for Mailing Address line 2]

[Empty grid for Mailing Address line 3]

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

[Empty grid for Title or Position]

Telephone number [Empty grid]

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

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

38 Fountain Square Plaza

[Empty grid for Mailing Address line 2]

Cincinnati OH 45202-3102

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

River Financial

[Empty grid for Name of Bank, Depository, etc.]

Mailing Address

580 Pacific Ave.

[Empty grid for Mailing Address line 2]

San Francisco CA 94133

CITY ▲

STATE ▲

ZIP CODE ▲