**FEC** 

Only

## STATEMENT OF

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**ORGANIZATION** FORM 1 Office Use Only NAME OF Example: If typing, type (Check if name 12FE4M5 COMMITTEE (in full) is changed) over the lines. Natural Law Party of the United States PO box 855 ADDRESS (number and street) (Check if address is changed) McLean 22101 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address naturallawpartyus@gmail.com is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.natural-law.org (Check if address is changed) DATE 2024 C00266759 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 Baum, Michael,, 03 04 2024 Signature of Treasurer Baum, Michael, , , Date 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 candidate information below.)					
Name of Candidate ['','','','',',',',',',',',',',',',',',					
Candidate Office Party Affiliation Sought: House Senate President	State				
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.					
Name of Candidate					
Party Committee:					
(d) X This committee is a NAT (National, State or subordinate) committee of the NAT (Democratic Republican,	•				
Political Action Committee (PAC):					
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is					
Corporation Corporation w/o Capital Stock Labor O	rganization				
Membership Organization Trade Association Cooperation	tive				
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 PA	C).				
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					
1C					

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٧	rite or Type Committee Name	y of the United State	c		
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
	NONE				
	Mailing Address				
		CITY ▲	STAT	TE ▲ ZIP CODE ▲	
	Relationship: Connected	Organization Affiliated Organization	on Joint Fundraising Repr	resentative Leadership PAC Sp	onso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number	optional) and position of the p	person in possession of committee	
	Dern, Doug	,,,			1
	Mailing Address	PO Box 855			
					ı
		McLean	VA	A 22101 	
		CITY ▲	STAT	TE ▲ ZIP CODE ▲	
	Title or Position ▼				
	Custodian of Records		Telephone number	313 - 364 - 9236	1
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 Baum, Mich of Treasurer	nael, , ,			ı
	Mailing Address	PO 855			
		McLean	V	/A 22101	
		CITY ▲	STAT	TE ▲ ZIP CODE ▲	
	Title or Position ▼			. 343 364	2
	Treasurer		Telephone number	313 - 364 - 9236	<u>,</u>

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Full Name of Designated Agent					
Mailing Address					
	CITY ▲ STATE ▲	ZIP CODE ▲			
Title or Position					
	Telephone number				
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.					
lowa State Bank					
Mailing Address	101 North Court St				
	Fairfield   IA	52556			
	CITY ▲ STATE ▲	ZIP CODE ▲			
Name of Bank, Depository, etc.					
Mailing Address					
	CITY ▲ STATE ▲	ZIP CODE ▲			