FEC

Only

STATEMENT OF **ORGANIZATION**

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FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Merrin for Congress PO Box 75 ADDRESS (number and street) (Check if address is changed) Monclova 43542 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 C00863829 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) 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 07 15 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

EC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) X 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. (Completinformation below.)	ete the candidate
Name of Candidate Merrin, Derek, , ,	
Candidate Party Affiliation REP Office Sought: X House Senate President	State OH District 09
(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 Repub	ocratic, olican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nected organization is a:
Corporation Corporation w/o Capital Stock Lat	bor Organization
Membership Organization Trade Association Cod	operative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segre committee. (i.e., nonconnected committee)	egated 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 (Hybridian Committee)	rid 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 t 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 to committees/organizations, none of which is an authorized committee of a federal candidate.	two or more political
Committees Participating in Joint Fundraiser	
1	

	FEC Form 1 (Revised 0	2/2009)	Page 3
V	/rite or Type Committee Name		
	Merrin for Congr	ess	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Lead	ership PAC Sponsor
	SCALISE LEADERS	HIP FUND 2024	
	Mailing Address	320 1ST ST SE	
		WASHINGTON DC 2000)3
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone number optional) and position of the person in posse	ession of committee
	Baur, Natal	هانم	
	Full Name	,, 	
	Mailing Address	9856 Archer Ln.	
		I	
		Dubin OH 4301	7
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼	SINIE -	211 OODE =
	Treasurer	Telephone number 614	563 - 1538
3.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the assistant treasurer).	name and address of
	Full Name Baur, Natal	lie, , ,	1
		,9856 Archer Ln.	
	Mailing Address		
		Dubin OH 4301	7
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Treasurer	Telephone number 614	563 - 1538

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	I Name of signated ent		
Mai	iling Address		
T:11	Dii	CITY ▲ STATE ▲	ZIP CODE ▲
	e or Position •		
. Bar safe	nks or Other ety deposit bo	Depositories: List all banks or other depositories in which the committee deposits funds, hold xes or maintains funds.	s accounts, rents
Nar	me of Bank, D	Depository, etc.	
Mai	ling Address	Chain Bridge Bank	
	Ü	McLean VA 22101	7/D 00D5 A
		CITY ▲ STATE ▲	ZIP CODE ▲
Nan	ne of Bank, D	Depository, etc.	
		Fifth Third Bank	
Mai	ling Address	6280 Perimeter Drive	
		Dublin	
		CITY ▲ STATE ▲	ZIP CODE ▲

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

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2.			FEC ID	number	C
			FEC ID	number	C
3.			FEC ID	number	C
4.			FEC ID	number	С
Name of Any Conne	ected Organization,	Affiliated Committee, Joint	Fundraising Repr	esentative	e, or Leadership PAC Spone
Grow the Majorit	_				
Mailing Address	228 S.				
	Suite 115				
	ALEXANDF	RIA 		VA	22314
Relationship:		CITY ▲	:	STATE A	ZIP CODE ▲
	nected Organization	Affiliated Committee	Joint Fundraising I	Representa	tive Leadership PAC Sp
				Representa	tive Leadership PAC Sp
esignated Agent: lo				Representa	Leadership PAC Sp
esignated Agent: Id				Representa	Leadership PAC Sp
esignated Agent: Id		dress (phone number – option	nal)		
esignated Agent: Id	dentify by name, add		nal)	Representa	Leadership PAC Sp

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

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h). Joint Fundraisi	ng rantopant.		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	l Organization, Affiliated Committee, Joint Fu	ndraisina Ranrasantativ	or Leadershin BAC Snow
Emmer Majority Buil			, or Leadership FAO opon
Mailing Address	824 S. Milledge Ave		
	Ste 101		
	Athens	GA	30605
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	ed Organization Affiliated Committee X June 1997 June 1997 Affiliated Committee X June 1997 June 1997 Affiliated Committee X June 1997 J	oint Fundraising Represent	ative Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
Connecte esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi			Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)	STATE A	Leadership PAC Sp
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional)		
esignated Agent: Identi Full Name Mailing Address TITLE OR POSITION	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in while aintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank,	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE A s funds, holds accounts, rent
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	fy by name, address (phone number – optional) CITY CITY pries: List all banks or other depositories in white aintains funds.	STATE Telephone Number ch the committee deposit	ZIP CODE A s funds, holds accounts, rent

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

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3.				FEC II	O number	С	
4.				FEC II	0 number	С	
	IN VICTORY C	•	liated Committee, Joint	Fundraising He	oresentative	e, or Leadersnip P	AC Spons
Maili	ing Address	9856 ARCHER I	_N				
		DUBLIN		, , , , I	OH	43017	-
Polo	itionship:		CITY A		STATE A	ZIP C	ODE A
	Connected	Organization by name, address	Affiliated Committee	Joint Fundraisin	g Representa	ative Leadersh	nip PAC Sp
	Connected d Agent: Identify				g Representa	ative Leadersh	nip PAC Sp
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esignate Full Na Mailing	Connected d Agent: Identify ame	by name, address		nal)	g Representa	Leadersh Leadersh ZIP CO	