

NOTIFICATION OF MULTICANDIDATE STATUS

(See reverse side for instructions)
This form should be filed after the Committee qualifies as a multicandidate committee.

1. (a) NAME OF COMMITTEE IN FULL PORTPAC		2. FEC IDENTIFICATION NUMBER C00458463
(b) Number and Street Address 9856 Archer Lane		
(c) City, State and ZIP Code DublinOH43017		3. TYPE OF COMMITTEE (check one) ☐ STATE PARTY ☒ OTHER

I certify that **one** of the following situations is correct (complete line 4 or 5):

4. **STATUS BY AFFILIATION:** The committee submitted its Statement of Organization (FEC FORM 1) on _____ and simultaneously qualified as a multicandidate committee through its affiliation with:

Committee Name: _____

FEC Identification Number: _____.

5. **STATUS BY QUALIFICATION:**
(a) **Candidates:** The committee has made contributions to the five (5) federal candidates listed below (ONLY State party committees may leave this blank.):

	Name	Office Sought	State/District	Date
(i)	Boehner, John, , ,	House	08	10/22/2010
(ii)	Trump, Donald, , ,	Presidential	NY00	05/11/2020
(iii)	Hoeven, John, , ,	Senate	ND00	10/19/2021
(iv)	Timken, Jane, , ,	Senate	OH00	03/31/2022
(v)	Vance, JD, , ,	Senate	OH00	08/02/2022

(b) **Contributors:** The committee received a contribution from its 51st contributor on: 01/22/2009 .

(c) **Registration:** The committee has been registered for at least 6 months. FEC FORM1 was submitted on: 01/21/2009 .

(d) **Qualification:** The committee met the above requirements on: 08/02/2022 .

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, , ,	SIGNATURE OF TREASURER Baur, Natalie, , ,	DATE 05/05/2026
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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.