FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Coughlin for Congress 9856 Archer Ln ADDRESS (number and street) (Check if address is changed) Dublin 43017-8914 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) http://www.kevincoughlin.com/ (Check if address is changed) DATE 2024 C00853077 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 04 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

E	C Form 1 (Revised 03/2022)	Page 2
	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 car information below.)	ndidate
	Name of Coughlin, Kevin, , ,	
	Candidate Party Affiliation REP Office Sought: House Senate President D	State OH District 13
	(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.)) Party
	Political Action Committee (PAC):	
	(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
	Corporation Corporation w/o Capital Stock Labor Organi	zation
	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 function committee. (i.e., nonconnected committee)	d 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 (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 mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
	Committees Participating in Joint Fundraiser	
	1	

J	FEC Form 1 (Revised 0	2/2009)		Page 3
٧	Vrite or Type Committee Name			
6.	Coughlin for Con	gress ganization, Affiliated Committee, Joint	Fundraising Representativ	ve or Leadership PAC Sponsor
Ο.		Republican Nominee Fund 2024		re, or readership the opensor
		DO D. 0004		
	Mailing Address	PO Box 9891		
		Arlington	VA	22219-1891
		CITY A	STATE A	▲ ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization	Joint Fundraising Represe	entative Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	fy by name, address (phone number opti	onal) and position of the per	son in possession of committee
	Baur, Natal	ie, , ,		
	Full Name			
	Mailing Address	9856 Archer Ln.		
		Dublin	OH	43017-8914
		CITY ▲	STATE A	▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	614 - 563 - 1538
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the address treasurer).	he treasurer of the committ	ee; and the name and address of
	Full Name Baur, Natal	ie, , ,		
	of Treasurer			
	Mailing Address	9856 Archer Ln.		
		Dublin	OH L	43017-8914
		CITY ▲	STATE A	▲ ZIP CODE ▲
	Title or Position ▼			
	Treasurer		Telephone number	614 - 563 - 1538

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of Designated Agent Mailing Address	Baur, Natalie, , , 9856 Archer Ln. Dublin	OH	43017-8914
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Treasurer	Telephone	number 6	14 - 563 - 1538
	Depositories: List all banks or other depositories in which the comices or maintains funds.	mittee deposits fo	unds, holds accounts, rents
Name of Bank, D	epository, etc.		
Mailing Address	Chain Bridge Bank		
, and the second			
	McClean	VA	22101
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
	Fifth Third Bank		
Mailing Address	6280 Perimeter Loop		
	Dublin	OH	43017
	CITY ▲	STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

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

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	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Summit County Linc	oln Day Committee		
Mailing Address	3250 W Market St		
J	Ste 103		
	Fairlawn	, , OH	44333-3319
Relationship:	CITY A	STATE A	ZIP CODE ▲
Connecte		t Fundraising Represent	tative Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		
Pesignated Agent: Identi			
esignated Agent: Identi			
Pesignated Agent: Identi			
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Pesignated Agent: Identi	fy by name, address (phone number – optional) CITY	STATE A	ZIP CODE A
Pesignated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
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Full Name Mailing Address TITLE OR POSITION hks or Other Deposite ety deposit boxes or m me of Bank, pository, etc.	fy by name, address (phone number – optional) CITY CITY To pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
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FEC Form 1S (Revised 02/2017)

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

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EADERSHII	320 1ST ST SE	ated Committee, Join	FEC II	D number	C
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EADERSHII	P FUND 2024 320 1ST ST SE	ated Committee, Join	t Fundraising Re	presentative,	or Leadership PAC Spons
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·	WASHINGTON				
·	WASHINGTON				
				DC	20003
ip:		CITY A		STATE ▲	ZIP CODE ▲
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POSITION ▼		CITY A		STATE ▲	ZIP CODE ▲
			Telephone N	lumber	
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FEC Form 1S (Revised 02/2017)

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

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TITLE OR POSITION FEC ID number C FEC ID number	3.		FEC ID number	С
COUGHLIN FOR CONGRESS-GTM NF OH13 Mailing Address 228 S WASHINGTON ST STE 115 ALEXANDRIA Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC St. ignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲	4.		FEC ID number	С
COUGHLIN FOR CONGRESS-GTM NF OH13 Mailing Address 228 S WASHINGTON ST STE 115 ALEXANDRIA Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC St. ignated Agent: Identify by name, address (phone number – optional) Full Name Mailing Address TITLE OR POSITION ▼ CITY ▲ STATE ▲ ZIP CODE ▲ ZIP CODE ▲				
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