FEC FORM 1	STATEMENT OF ORGANIZATION	PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5
Steve Chabot f	or Congress	
ADDRESS (number and stree	9856 Archer Ln t)	
 (Check if address is changed) 	Dublin CITY ▲	OH 43017-8914 STATE ▲ ZIP CODE ▲
COMMITTEE'S E-MAIL ADD	DRESS	
(Check if address is changed)	natalie@nkbaurassociates.com	
	Optional Second E-Mail Address	
 (Check if address is changed) 	www.stevechabot.com	
2. DATE 09 /	D D / Y Y Y Y 16 2019	
3. FEC IDENTIFICATION	NUMBER ► C C00301838	
4. IS THIS STATEMENT	× NEW (N) OR AMENDED (A)	
I certify that I have examine	ed this Statement and to the best of my knowledge and belief	t is true, correct and complete.
Type or Print Name of Treas	surer Baur, Natalie, , Mrs.,	
Signature of Treasurer	Baur, Natalie, , Mrs., [Electronically Filed]	Date 09 / 16 / Y Y Y Y 2019
NOTE: Submission of false, e	rroneous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED	
Office Use Only	For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100	

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. TYPE OF C	COMMITTEE
Candidate	e 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	Chabot, Steve, , ,
Candidate Party Affiliat	ion Office Sought: K House Senate President District OH
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
Name of Candidate	
Party Cor	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc.) Party.
Political A	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.)
Joint Fund	draising Representative:
(g)	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.
(h)	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.
Com	nmittees Participating in Joint Fundraiser
1.	FEC ID number
2.	FEC ID number
3.	FEC ID number
4.	FEC ID number

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Write or Type Committee Name

Steve Chabot for Congress

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

	e 2020			
Mailing Address	PO Box 30844			
	Bethesda CITY		MD 208	324-0844
Relationship: Connect	ed Organization Affiliated Commit	ttee X Joint Fundraising	g Representative	Leadership PAC Spons
Custodian of Records: Ide books and records.	entify by name, address (phone num	ber optional) and posi	tion of the person i	n possession of committe
Full Name				
Mailing Address				
Title or Position	CITY		STATE	ZIP CODE
		Telephone nu	mber	
		relephone nu		
Treasurer: List the name a any designated agent (e.g.,	nd address (phone number optiona			ne name and address of
any designated agent (e.g., Full Name Baur, Na	nd address (phone number optiona	al) of the treasurer of the	e committee; and th	
any designated agent (e.g., Full Name Baur, Na	ind address (phone number optiona , assistant treasurer). talie, , Mrs.,	al) of the treasurer of the	e committee; and th	
any designated agent (e.g., Full Name Baur, Na of Treasurer	ind address (phone number optiona , assistant treasurer). talie, , Mrs.,	al) of the treasurer of the	e committee; and th	
any designated agent (e.g., Full Name Baur, Na of Treasurer	ind address (phone number optiona , assistant treasurer). talie, , Mrs.,	al) of the treasurer of the	e committee; and th	

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Full Name of Designated Agent	Tombragel,	Esther, , ,																	
Mailing Address	l	8331 Little Harbo	or Drive																
	l																		
	[)H		Ĺ	4524	4-27	768 			
			CI	TΥ						STA	ΤE					ZIP	COD	DE	
Title or Position	urer					Te	eleph	one	num	ıber									

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.

Capital		
Mailing Address	4825 Cordell Avenue	
	Bethesda	MD20814
	CITY	STATE ZIP CODE
Name of Bank, Depository, e	etc.	
Fifth Th	nird Bank	
Mailing Address	6280 Perimeter Dr.	
Maining / Mailess		
	Dublin	OH 43017
	CITY	STATE ZIP CODE

Ima	ge# 201909169163329962			
	FEC Form 1S (Revised 02/20	Optional Supplemental Inform for Lines 5(g) or (h), 6, 8 and		_ of <u>5</u>
5(g)	or(h). Joint Fundraising	J Participant:		
	1		FEC ID number	
	2.		FEC ID number	
	3.		FEC ID number C	
	4.		FEC ID number C	
6.	Name of Any Connected (Organization, Affiliated Committee, Joint Fundrais	ng Representative, or Leadership F	AC Sponsor
	Mailing Address			
] – []
	Relationship:	CITY A	STATE ▲ ZIP C	ODE 🔺
	Connected	Organization Affiliated Committee Joint Fun	draising Representative	hip PAC Sponsor
8.	Designated Agent: Identify	by name, address (phone number - optional)		
	Full Name			
	Mailing Address			
		L]-[
	TITLE OR POSITION		STATE ▲ ZIP CC	
		Telep	none Number]-[]

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, Wells F Depository, etc.	Fargo Bank		
Mailing Address	8302 Woodmont Avenue		
	Bethesda	MD	
		STATE A	ZIP CODE