

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Carolinas Credit Union League Credit Union Defense Fund

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		48947.11
(b) Cash on Hand at Beginning of Reporting Period.....	31797.46	
(c) Total Receipts (from Line 19)	1105.21	24617.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32902.67	73564.19
7. Total Disbursements (from Line 31).....	210.02	40871.54
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	32692.65	32692.65
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Carolinas Credit Union League Credit Union Defense Fund

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	544.06	7195.94
(ii) Unitemized	556.08	17373.46
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1100.14	24569.40
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1100.14	24569.40
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	12.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.07	35.68
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1105.21	24617.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1105.21	24617.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	100.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	100.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	40000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	210.02	771.54
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	210.02	40871.54
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	210.02	40871.54

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	1100.14	24569.40
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1100.14	24569.40
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	100.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	12.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	88.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Carolinas Credit Union League Credit Union Defense Fund

A. Bill Love
Full Name (Last, First, Middle Initial)
Mailing Address 127 Birkhall Circle

City Greenville	State SC	Zip Code 29605-5952
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer MTC Federal Credit Union	Occupation President - CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	10	/	2014

Transaction ID : 13037654

Amount of Each Receipt this Period

25.00

B. ACH Account
Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 1787

City Columbia	State SC	Zip Code 29202-1787
------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **818.96**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	08	/	2014

Transaction ID : 13037727

Amount of Each Receipt this Period

133.66

C. Angie M Burr
Full Name (Last, First, Middle Initial)
Mailing Address 525 Lansdowne Drive

City Florence	State SC	Zip Code 29501-1947
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FEC ID number of contributing federal political committee. **C**

Name of Employer Palmetto First Federal Credit Union	Occupation President/CEO
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2014

Transaction ID : PR10417079858

Amount of Each Receipt this Period

25.00

P/R Deduction (\$25.00 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	183.66
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Carolinas Credit Union League Credit Union Defense Fund

A. Faith Ann Borst
Full Name (Last, First, Middle Initial)

Mailing Address 81 Lake Marion Dr

City North Augusta State SC Zip Code 29841-8667

FEC ID number of contributing federal political committee. **C**

Name of Employer SRP Federal Credit Union Occupation VP of Lending

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **853.96**

Date of Receipt **12 / 31 / 2014**

Transaction ID : PR14187469858

Amount of Each Receipt this Period **46.16**

P/R Deduction (\$138.48 Semi-Monthly)

B. Anne G Shivers
Full Name (Last, First, Middle Initial)

Mailing Address 323 Governor's Grant Blvd

City Lexington State SC Zip Code 29072-7525

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Collegiate Federal Credit Uni Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **12 / 31 / 2014**

Transaction ID : PR32835509858

Amount of Each Receipt this Period **25.00**

P/R Deduction (\$25.00 Monthly)

C. Ed Presnell
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 6730

City North Augusta State SC Zip Code 29861-6730

FEC ID number of contributing federal political committee. **C**

Name of Employer SRP Federal Credit Union Occupation VP Admin Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **877.04**

Date of Receipt **12 / 31 / 2014**

Transaction ID : PR3401719858

Amount of Each Receipt this Period **46.16**

P/R Deduction (\$138.34 Semi-Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	117.32
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 11
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Carolinas Credit Union League Credit Union Defense Fund

A. Paul Hughes
Full Name (Last, First, Middle Initial)

Mailing Address 105 River Walk Drive

City Simpsonville State SC Zip Code 29681-5273

FEC ID number of contributing federal political committee. **C**

Name of Employer Greenville FCU Occupation President/CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR566139858

Amount of Each Receipt this Period
 50.00

P/R Deduction (\$50.00 Monthly)

B. Ed Templeton
Full Name (Last, First, Middle Initial)

Mailing Address 260 Sugarcreek Dr.

City Grovetown State GA Zip Code 30813-4315

FEC ID number of contributing federal political committee. **C**

Name of Employer SRP Federal Credit Union Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **380.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR568029858

Amount of Each Receipt this Period
 20.00

P/R Deduction (\$31.00 Semi-Monthly)

C. Steve Harkins
Full Name (Last, First, Middle Initial)

Mailing Address 301 Foxcroft Rd

City Greenville State SC Zip Code 29615-3717

FEC ID number of contributing federal political committee. **C**

Name of Employer SC Telco Federal Credit Union Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2014

Transaction ID : PR570399858

Amount of Each Receipt this Period
 150.00

P/R Deduction (\$150.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ▶ **220.00**

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 11
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Carolinas Credit Union League Credit Union Defense Fund

A. Full Name (Last, First, Middle Initial)
Tina Glenn

Mailing Address 256 Bridgeport Dr

City Myrtle Beach State SC Zip Code 29577-6744

FEC ID number of contributing federal political committee. **C**

Name of Employer Carolina Trust Federal Credit Union Occupation Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.04**

Date of Receipt
12 / 31 / 2014

Transaction ID : PR572559858

Amount of Each Receipt this Period
23.08

P/R Deduction (\$23.08 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	23.08
TOTAL This Period (last page this line number only).....▶	544.06

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Carolinas Credit Union League Credit Union Defense Fund

Full Name (Last, First, Middle Initial)

A. First Carolina Corporate CU

Mailing Address P.O. Box 49379

City Greensboro State NC Zip Code 27419

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2014

Transaction ID : 12949375

Amount of Each Disbursement this Period

52.14

Full Name (Last, First, Middle Initial)

B. First Carolina Corporate CU

Mailing Address P.O. Box 49379

City Greensboro State NC Zip Code 27419

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 26 / 2014

Transaction ID : 13042065

Amount of Each Disbursement this Period

51.54

Full Name (Last, First, Middle Initial)

C. First Carolina Corporate CU

Mailing Address P.O. Box 49379

City Greensboro State NC Zip Code 27419

Purpose of Disbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
12 / 03 / 2014

Transaction ID : 13042133

Amount of Each Disbursement this Period

27.34

SUBTOTAL of Disbursements This Page (optional)..... ▶

131.02

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Carolinas Credit Union League Credit Union Defense Fund

Full Name (Last, First, Middle Initial)

A. First Carolina Corporate CU

Mailing Address P.O. Box 49379

City Greensboro State NC Zip Code 27419

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 13042134

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶