**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) over the lines. is changed) Ohio Credit Union League Political Action Committee 10 West Broad St ADDRESS (number and street) **Suite 1100** (Check if address is changed) Columbus 43017 OH CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address OCULPAC@electioncompliance.com is changed) Optional Second E-Mail Address eleite@ohiocul.org COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00349902 FEC IDENTIFICATION NUMBER 3. X IS THIS STATEMENT NEW (N) OR 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 Jennings, Matthew, , 03 12 2024 Signature of Treasurer Jennings, Matthew, , , Date 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

FEC Form 1 (Revised 03/2022)	Page <b>2</b>
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the can	didate information below.)
(b) This committee is an authorized committee, and is NOT a principal call information below.)	ampaign committee. (Complete the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House S	enate President District
(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	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected org	anization on line 6.) Its connected organization is a:
Corporation Corporation w/o Capita	al Stock Labor Organization
Membership Organization X Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, a committee. (i.e., nonconnected committee)	and is NOT a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify specific	onsor 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 committees/organizations, at least one of which is an authorized committee.	
(j) This committee collects contributions, pays fundraising expenses and committees/organizations, none of which is an authorized committee or	
Committees Participating in Joint Fundraiser	
1.	С

CEO

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	FEC Form 1 (Revised 0	02/2009)		Page 3
V	Irite or Type Committee Name		_	
	Ohio Credit Unic	on League Political Action	n Committee	
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint	Fundraising Representati	ve, or Leadership PAC Sponsor
	Ohio Credit Union Le	eague		
	Mailing Address	10 West Broad Street		
		Suite 1100		
		Columbus	OH	43215
		CITY ▲	STATE	▲ ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organization	Joint Fundraising Repres	entative Leadership PAC Sponso
7.	Custodian of Records: Ident books and records.	ify by name, address (phone number opti	onal) and position of the pe	rson in possession of committee
	Outsourcin	g, PAC, , ,		
	Full Name			
	Mailing Address	5845 Richmond Highway		
		Suite 820		
		Alexandria	VA VA	
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number	703 - 347 - 6551
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of tassistant treasurer).	he treasurer of the commit	tee; and the name and address of
	Full Name Jennings, I	Matthew, , ,		
	Mailing Address	12837 US Highway 68		
		Kenton	OH _	43326-9301
		CITY ▲	STATE	▲ ZIP CODE ▲
	Title or Position ▼			

Telephone number

4998

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Full Name of Designated Agent	Leite, Emily, , ,	
Mailing Addr	10 West Broad Street	
	Suite 1100	
	Columbus	OH   43215
Title or Posit	CITY ▲	STATE ▲ ZIP CODE ▲
Assistant Tre	asurer	ne number 614 - 336 - 2894
Banks or Ot safety depos	her Depositories: List all banks or other depositories in which the cont boxes or maintains funds.	ommittee deposits funds, holds accounts, rents
Name of Bar	k, Depository, etc.	
	Corporate One Federal Credit Union	
Mailing Addre	ss [8700 Orion PI	
	Columbus	OH 43240
	CITY ▲	STATE ▲ ZIP CODE ▲
Name of Bar	k, Depository, etc.	
Mailing Addre	ss	
	CITY ▲	STATE ▲ ZIP CODE ▲

## : 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

Updated for new name of affiliated committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

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

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Page	of '	

(h). <b>Joint Fundrais</b>	ing Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundr		
Mailing Address	601 Pennsylvania Ave		
	South Building, Suite 600		
Relationship:	Washington CITY ▲	DC STATE A	20004 ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Joint	Fundraising Representa	ative Leadership PAC Spo
Designated Agent: Ident	ify by name, address (phone number - optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE <b>A</b>
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not boxes or not boxes.	CITY A  City A  Teleposites: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY   CITY   Te  cories: List all banks or other depositories in which naintains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not boxes or not boxes.	CITY A  City A  Teleposites: List all banks or other depositories in which	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY   CITY   Te  cories: List all banks or other depositories in which naintains funds.	elephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit safety deposit boxes or not be boxes or not be boxes. Depository, etc.	CITY   CITY   Te  cories: List all banks or other depositories in which naintains funds.	elephone Number	

FEC Form 1S (Revised 02/2017)

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

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h). <b>Joint Fundraisi</b>			
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		,	
-	Organization, Affiliated Committee, Joint Furthern Committee, Nafol		
NATIONAL ACCOCIATION OF TE	DEIGNE GREET GRIDGE GETTOAL ACTION COMMITTEE / IVAN	JA AG / BBA NATIONAL AGGGGIATI	ON OF TEDERALET-INGOICED GREDIT OF
Mailing Address	3138 10TH Street		
	North Arlington	, , , ,   VA	22201
Relationship:	CITY A	STATE A	ZIP CODE ▲
	ed Organization X Affiliated Committee	oint Fundraising Represent	ative Leadership PAC Sp
			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi			ative Leadership PAC Sp
esignated Agent: Identi  Full Name  Mailing Address	fy by name, address (phone number – optional		ative Leadership PAC Sp
esignated Agent: Identi	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 A  CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A Telephone Number	ZIP CODE A  ts funds, holds accounts, rent
esignated Agent: Identi  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 A  CITY A  pries: List all banks or other depositories in whaintains funds.	STATE A  Telephone Number	ZIP CODE A  ts funds, holds accounts, rent