STATEMENT OF ORGANIZATION

(See reverse side for instructions)

RECEIVED FEDERAL ELECTION COMMISSION MAIL ROOM SEP 17 1997

SEP 22 12 51 PM '97

1. (a) NAME OF COMMITTEE IN FULL ☐ (Check if name is changed)	2. DATE
PA Credit Union Legislative Action Comm.	9/10/97
(b) Number and Street Address ☐ (Check if address is changed)	3. FEC Identification Number C 109397
4309 N. Front Street	
(c) City, State and ZIP Code	4. Is This Report An Amendment? ☒ YES ☐ NO
Harrisburg, PA 17110	

5. TYPE OF COMMITTEE (Check one)

☐ (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	Candidate Party Affiliation	Office Sought	State/District

☐ (c) This committee supports/opposes only one candidate _____ (name of candidate) and is NOT an authorized committee.

☐ (d) This committee is a _____ (National, State or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

☒ (e) This committee is a separate segregated fund. (PAC)

☐ (f) This committee supports/opposes more than one Federal candidate and is NOT a separate segregated fund or a party committee.

6. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
PA Credit Union League	4309 N. Front Street Harrisburg, PA 17110	Parent Org.
Credit Union Legislative Action Committee (CULAC)	805 15th Street, 300 Washington D.C. 20005-2207	National Org.

Type of Connected Organization

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization ☐ Membership Organization ☒ Trade Association ☐ Cooperative

7. **Custodian of Records:** Identify by name, address (phone number – optional) and position of the person in possession of committee books and records.

Full Name	Mailing Address	Title or Position
Tara Lightner	4309 N. Front street, Harrisburg, PA 17110	Lobbyist

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name	Mailing Address	Title or Position
Georgeann Lawson	117 Penn. Avenue West, P.O. Box 783, Warren, PA 16365-6429	

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.	Mailing Address and ZIP Code
Pennsylvania Central FCU	959 East Park Drive, Harrisburg, PA 17111-2810

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	SIGNATURE OF TREASURER	DATE
Georgeann D. Lawson	Georgeann D. Lawson	9/13/97

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

FE8AN053

FEC FORM 1
(revised 4/87)