2021 - 08 - 20 -03-00386174

FEC FORM 1

Use

Only

STATEMENT OF **ORGANIZATION**

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2021 AUG 19 AH 8: 05

(Revised 06/2012)

Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. ILEABUR OF, SOUTHERSTERN Greatit Unions Federal ADDRESS (number and street) (Check if address is changed) STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) 08.05 DATE C:00139600 FEC IDENTIFICATION NUMBER > IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and bellef it is true, correct and complete. Brad oreen Type or Print Name of Treasurer Date Signature of Treasurer 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

Toll Free 800-424-9530

Local 202-694-1100

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FEC Fo	rm 1	(Revised	02/2009)
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		OMMITTEE				
Candidate Committee:						
(a)		This committee is a principal campalgn 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 Candi	-					
Candi Party	date Affiliati	Office State Senate President District				
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.				
Name Candi						
Part	y Con	omittee:				
(d)		This committee is a (National, State (Democratic, Party.				
Polit	ical A	ction Committee (PAC):				
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) its connected organization is as				
	,	Corporation Corporation w/o Capital Stock Labor Organization				
		Membership Organization Trade Association Cooperative				
		In addition, this committee is a Lobbylst/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	raising 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.				
	C	militana Bostinia in Joint Eundunian				
	Com	mittees Participating in Joint Fundraiser				
	1.	FEC ID number C				
	2.	FEC ID number C				
	3.	FEC ID number C				
	4.					

٧	Vrite or Type Committee Name	•			
6.	Name of Any Connected C	Organization, Affiliated Committee,	Joint Fundraising Rep	resentative, o	or Leadership PAC Sponsor
L	leagiuel 101F1 19	Siautheasitierini	icipiedii iti	INITION	<u>15 </u>
L	Mailing Address	131619121 CPP11111d9	le court		
		Malli Amaisisieje		EL	323111-1111
		CITY		STATE	ZIP CODE
	Relationship: X Connected	d Organization Affiliated Committe	e (Joint Fundralsing	g Representati	ve Leadership PAC Sponsor
7,	Custodian of Records: Idea books and records.	ntify by name, address (phone number	er optional) and posi	tion of the pe	rson in possession of committee
	Full Name DiR	, wen , Heming	guay,		
	Mailing Address	13,69,2, GOO,1,1,de	1,e, co,u,12,t		
		T			
		[[a,1,1,a,na,s,s,e,e,		EL	3231111-1111
	Title or Position	CITY		STATE	ZIP CODE
	K.F.a		Telephone nui	mber 85	5,01-15,5,81-1,1,1,0
8.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number - optional) assistant treasurer).	of the treasurer of the	e committee; a	and the name and address of
	Full Name of Treasurer	. Green	1 1 1 1 1 1 1 1		
	Mailing Address	13,6,9,2, , C,0,0,1,i,c	Ige, Kigu	PITI I	
		Tallanassee		FL	[32,3,1,1]-
ı	Title or Position	СПУ	Telephone nun	STATE	zip code 6-3,1,4-651,2

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FEC FOR	rm 1 (Revised 02/2009)	Page 4
Full Name of Designated Agent	N/A.	
Mailing Address	s	
	CITY STATE	ZIP CODE
Title or Position	ı	
	Telephone number	
safety deposit b	er Depositories: List all banks or other depositories in which the committee deposits funds, hole boxes or maintains funds. Depository, etc.	
	Martillonal Ciolopiciraltille Bank	
Mailing Address	s 1139, S. High Street	
		
	[H, 1, 1, 1, S, b, 0, k, 0, , , , , ,] [0, H] [4,5]	13.3-
	CITY · STATE	ZIP CODE
Name of Bank,	Depository, etc.	
Mailing Address	s [
	CITY .STATE	ZIP CODE

ORIGIN ID:TLHA (850) 558-1138
ACCOUNTING DEPARTMENT
LEAGUE OF SOUTHEASTERN CREDIT UNION
3692 COOLIDGE CT.

TALLAHASSEE, FL 32311 JNITED STATES US

BILL SENDER

TO FEDERAL ELECTION COMMISSION

1050 FIRST ST NE

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2021 AUG 19

WASHINGTON DC 20463

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STANDARD OVERNIGHT

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Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING The FEC added this page to the end of this filing to indicate	
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Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	of Receipt or Postmarked
PREPARER (3/2015)	08/20/21 DATE PREPARED
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