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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 × COMMITTEE (in full) is changed) over the lines. Carolinas Credit Union League Credit Union Defense Fund 7440 Broad River Road ADDRESS (number and street) (Check if address is changed) 29063 SC CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS mgardner@carolinasleague.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 01 2014 C00059907 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. Ms. Mary Gardner Type or Print Name of Treasurer Ms. Mary Gardner [Electronically Filed] 07 2014 Signature of Treasurer Date 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. FEC FORM 1

Office			For further information contact:
Use			Federal Election Commission
Only			Toll Free 800-424-9530
Offily			Local 202-694-1100

F	FC Fo	rm 1 (Revised 02/2009)	Page 2
		OMMITTEE	i uyo 🚣
Can	didate	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. (Con information below.)	nplete the candidate
Name Cand			
Cand Party	idate Affiliati	Office Sought: House Senate President	State
(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name Cand			
Part	y Con	nmittee:	
(d)		This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Polit	tical A	ction Committee (PAC):	
(e)	X	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its con-	nnected organization is a
		Corporation Corporation w/o Capital 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, and is NOT a separate scommittee. (i.e., nonconnected committee)	egregated fund or party
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint	t Fund	raising Representative:	
(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, at least one of which is an authorized committee of a federal candidate.	wo or more political
(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	vo or more political
	Com	mittees Participating in Joint Fundraiser	
	1.	FEC ID number	
	2.	FEC ID number	
	3.	FEC ID number	
	4.		

Title or Position CFO

Γ	_		
•	FEC Form 1 (Revised 0	02/2009)	Page 3
V	Vrite or Type Committee Name		
(Carolinas Credi	t Union League Credit Union Defense Fund	
6.		organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	
.C	Carolina Credit Union	Leaque	
		P O Box 1787	
	Mailing Address	РОВОХ 1767	
		Columbia SC 29202	-
		CITY STATE ZII	P CODE
7.		Organization Affiliated Committee Joint Fundraising Representative Leader tify by name, address (phone number optional) and position of the person in posse	ership PAC Sponsor
	books and records. Full Name		1 1 1 1 1 1
	Mailing Address		
	-	1	1 1 1 1 1 1
	Title or Position	CITY STATE ZIF	P CODE
		Telephone number	
В.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optional) of the treasurer of the committee; and the name assistant treasurer).	and address of
	Full Name Ms. Mary G	Gardner	
	of Treasurer	17/1/10 Broad Piver Pd	
	Mailing Address	7440 Broad River Rd	
		Irmo	

CITY

ZIP CODE

5400

781

STATE

Telephone number

803

	n 1 (Revised 02/2009)	
Full Name of Designated Agent	Susanna Hailey	
Mailing Address	P O Box 1787	
	Columbia SC 29202 CITY STATE	ZIP CODE
Title or Position Assistant Treasu	urer =	457 - 9067
	Depositories: List all banks or other depositories in which the committee deposits funds, hold	ds accounts, rents
Banks or Other safety deposit bo	oxes or maintains funds.	
Banks or Other safety deposit bo Name of Bank, I	oxes or maintains funds.	
safety deposit bo	oxes or maintains funds.	
safety deposit bo	Depository, etc.	
safety deposit bo Name of Bank, [Depository, etc. Palmetto Citizens FCU	
safety deposit bo Name of Bank, [Depository, etc. Palmetto Citizens FCU	
safety deposit bo Name of Bank, [Palmetto Citizens FCU P O Box 5846	ZIP CODE
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safety deposit bo Name of Bank, [Mailing Address Name of Bank, [Depository, etc. Palmetto Citizens FCU P O Box 5846 Columbia CITY STATE Depository, etc. First Carolina Corporate Credit Union	

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Form/Schedule: F1A Transaction ID:

Change name and email address

Form/Schedule: Transaction ID: