FEC FORM 1

STATEMENT OF ORGANIZATION

(See instructions)

Office use only

1. NAME OF COMMITTEE (in full)

☐ (Check if name is changed)

Example: If typying, type over the lines

12FE4M5

Michigan Credit Union League Legislative Action Fund

ADDRESS (number and street)
▼

☐ (Check if address is changed)

15800 North Haggerty

Plymouth   **MI**   **48170** –

CITY▲   STATE▲   ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

sxw@mcul.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER
734-420-1670

2. DATE   M M **1 2** / D D **2 8** / Y Y Y Y **2 0 0 6**

3. **FEC IDENTIFICATION NUMBER**   **C** **C00139279**

4. IS THIS STATEMENT   X   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   **Lonnie Bone**

Signature of Treasurer   Electronically Filed by   **Lonnie Bone**   Date   M M **1 2** / D D **2 8** / Y Y Y Y **2 0 0 6**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

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

FEC FORM 1
(Revised 02/2003)

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: ☐ House   ☐ Senate   ☐ President   State ☐   District ☐

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

Name of Candidate

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

(e) ☐   This committee is a separate segregated fund

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

6.   **Name of Any Connected Organization or Affiliated Committee**

Mailing Address

CITY ▲   STATE ▲   ZIP CODE ▲

Relationship

Type of Connected Organization:

☐   Corporation   ☐   Corporation w/o Capital Stock   ☐   Labor Organization

☐   Membership Organization   ☐   Trade Association   ☐   Cooperative

FEC **Form 1** (Revised 02/2003)   Page **3**

Write or Type Committee Name

Michigan Credit Union League Legislative Action Fund

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 ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number _____ – _____ – _____

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
of Treasurer   **Lonnie Bone**

Mailing Address   **2525 N. Telegraph**

Suite 200

Bloomfield Hills   **MI**   **48302** –

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number **248** – **858** – **8020**

Full Name of
Designated
Agent   **Heidi Kubinski**

Mailing Address   **15800 N Haggerty Road**

Plymouth   **MI**   **48170** –

Title or Position ▼   CITY ▲   STATE ▲   ZIP CODE ▲

Telephone number **734** – **420** – **1530**

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.

Michigan Services Credit Union

Mailing Address   **27650 Franklin Road**

Southfield   **MI**   **48034** –

CITY △   STATE △   ZIP CODE   △