FEC FORM 1	STATEMEI ORGANIZ	_	Of	PAGE 1 / 5 ——
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Michigan Credit L	Inion League Legisl	ative Action Fund	j	
ADDRESS (number and street)	PO Box 8054			
(Check if address is changed)				
	Plymouth │ │ │ │ │ │ │ │ │ │ │ CITY ▲		MI 481 STATE ▲	52
COMMITTEE'S E-MAIL ADD	RESS			
(Check if address is changed)	heidi.kubinski@mcul.org			
	Optional Second E-Mail Ad	dress		
COMMITTEE'S WEB PAGE / (Check if address is changed)	ADDRESS (URL)			
2. DATE 01 /	08 / Y Y Y Y 2024			
3. FEC IDENTIFICATION	NUMBER ► C c	00139279		
4. IS THIS STATEMENT	× NEW (N) OR	AMENDED (A)		
I certify that I have examined	I this Statement and to the best	of my knowledge and beliet	it is true, correct and	complete.
Type or Print Name of Trease	urer Lewis, Kris, , ,			
Signature of Treasurer Le	ewis, Kris, , ,		Date 01	D D / Y Y Y Y 08 / 2024
NOTE: Submission of false, err	oneous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signin TION SHOULD BE REPORTE	-	penalties of 52 U.S.C. §3010
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202401089599989298

01/08/2024 11 : 28

FEC Form 1 (Revised 03/2022)	Page 2
5. TYPE OF COMMITTEE:	
Candidate 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. (Complete information below.)	the candidate
Name of Candidate	
Candidate Office Party Affiliation Sought: House Senate President	State
Party Affiliation Sought: House Senate President	District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee: (National, State (Democratical Action Committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	an, etc.) Party
Corporation Corporation w/o Capital Stock	r Organization
Membership Organization	erative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregation committee. (i.e., nonconnected committee)	ated 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.)	
(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 disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
 (j) 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.
 Committees Participating in Joint Fundraiser
 1.
 2.

FEC Form 1 (Revised 02/2009)	Page 3
Write or Type Committee Name	
-	

Michigan Credit Union League Legislative Action Fund

6.	Name of Any Connected Or	ganization, Affiliated	Comm	nittee,	Joi	nt F	und	raisi	ng	Rep	res	enta	tive	e, o	r Le	ade	rship) PA	C S	pon	sor	
	NAFCU PAC of Cred	it Union National	Asso	ociat	ion										1							
	Mailing Address	99 M Street SE																				
		Washington													20	003			-L			
			CITY	∕▲							S	ТАТ	E 🔺				ZI	P CC	DDE			
	Relationship: X Connected	Organization Affilia	ted Org	janiza	tion	Ľ	Joi	nt F	undr	aisir	ng F	Repre	eser	ntativ	/e		Lea	dersl	hip F	ъ	Spor	ısor

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

Kubins	Heidi, , ,	
Full Name		
Mailing Address	PO Box 8054	
	Plymouth MI 48152 Image: Imag	
	CITY ▲ STATE ▲ ZIP CODE ▲	
Title or Position ▼		
Administrative Servi	Telephone number 734 793 4209	'

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	Lewis, Kris, , ,								
Mailing Address	755 Grand Street								
	Allegan								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
	Image: Telephone number Image: Telephone number								

FEC Form 1 (Revised 02	2/2	200	9)																							Pa	ge 4	4	
Full Name of Designated Agent																													
Mailing Address	L																												
	L																												
	L																										- [
							CI	TΥ	′▲										ST/	٩ΤΕ				Z	ΊP	со	DE		
Title or Position ▼																													
														Tele	əph	ione	e n	uml	ber				- [- [

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.

	American 1 Credit Union			
Mailing Address	27650 Franklin Road			
	Southfield		MI	48034
	CITY 🔺	•	STATE A	ZIP CODE
Name of Bank, I	Depository, etc.			

Alloya Corporate Federal Credit Union		1
26555 Evergreen		
#330		
Southfield		48076
CITY 🔺	STATE 🔺	ZIP CODE ▲
	#330 Southfield	26555 Evergreen #330 Southfield

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`+H9A=N5 H=CB

Form/Schedule: F1N Transaction ID :

Additional connected organization

Form/Schedule: Transaction ID: