FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. League of Southeastern Credit Unions Federal PAC One Perimeter Park South ADDRESS (number and street) Suite 130 (Check if address is changed) Birmingham 35243-4887 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address advocacy@lscu.coop is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00139600 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. Type or Print Name of Treasurer Newcombe, Grace, , Ms., Date 01 18 2024 Signature of Treasurer Newcombe, Grace, , Ms., 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 Use (Revised 06/2012) Toll Free 800-424-9530

Local 202-694-1100

E	EC Form 1 (Revised 03/2022)	Page 2
	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 the information below.)	candidate
	Name of Candidate	
	Candidate Office Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
	Party Committee:	
	(d) This committee is a (National, State or subordinate) committee of the Republican,	
	Political Action Committee (PAC):	
	(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	l organization is a:
	Corporation Corporation w/o Capital Stock Labor Or	ganization
	Membership Organization X Trade Association Cooperat	ive
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee. (i.e., nonconnected committee)	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 PAG	C).
	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 committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political
	(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, none of which is an authorized committee of a federal candidate.	more political
	Committees Participating in Joint Fundraiser	
	1C	

Write	or	Type	Committee	Name
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League of	Southeastern	Credit	Unions	Federal	PAC

		regnization Affiliated Committee			andership DAC Spansor
6.		rganization, Affiliated Committee	e, Joint Fundraising Repr	esentative, or Le	eadership PAC Sponsor
	League of Southeast	em Creat Unions			
	Mailing Address	1 Perimeter Park S			
	Mailing Address	Ste 130			
		5			
		Birmingham		AL 3	5243-2327
		CITY ▲		STATE ▲	ZIP CODE ▲
	Relationship: X Connected	Organization Affiliated Organiz	ation Joint Fundraising	g Representative	Leadership PAC Sponso
7.	Custodian of Records: Identi books and records.	ify by name, address (phone numb	er optional) and position o	of the person in po	ssession of committee
	Riner, Nata	ilie, , Ms.,			
	Full Name				
	Mailing Address	2780 Briarfield Way			
		Lawrenceville		GA 30	0043-6801
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Custodian of Records		Telephone nun	nber 770	
— В.	Treasurer: List the name and any designated agent (e.g., a	d address (phone number optio	nal) of the treasurer of the	e committee; and	the name and address of
	Full Name Newcombe of Treasurer	e, Grace, , Ms.,			
	Mailing Address	404 S Broad St			1 1 1 1 1 1 1 1
		Apt F			
		Albertville		AL 3	5950-2272
		CITY ▲		STATE ▲	ZIP CODE ▲
	Title or Position ▼				
	Treasurer		Telephone nun	256	_ 604 _ 3770

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Full Name of Designated Agent Mailing Address	Riner, Natalie, , Ms., 2780 Briarfield Way Lawrenceville	GA , 30043-6801 , ,
Title or Position ▼		STATE ▲ ZIP CODE ▲
Assistant Treasur		per2413984
Banks or Other safety deposit box	Depositories: List all banks or other depositories in which the committee kes or maintains funds.	deposits funds, holds accounts, rents
Name of Bank, D	epository, etc.	
	National Cooperative Bank	
Mailing Address	139 South High Street	
	Hillsboro	OH 45133
	CITY ▲ S	STATE ▲ ZIP CODE ▲
Name of Bank, D	epository, etc.	
	<u> </u>	
Mailing Address		
	CITY A S	STATE ▲ ZIP CODE ▲

: 97 'A = G7 9 @ G B9 C I G'H9 LH'F9 @ 5 H98 'HC'5 'F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F1A Transaction ID:

This amendment adds an affiliated committee.

Form/Schedule: Transaction ID:

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	C
-	Organization, Affiliated Committee, Joint Fundr	aising Representativ	e, or Leadership PAC Spons
Mailing Address	99 M St SE		
	Suite 300		
Relationship:	Washington CITY	DC STATE A	20003-3957 ZIP CODE ▲
п		Fundraising Represent	
Designated Agent: Identif	y by name, address (phone number – optional)		
Pesignated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name			
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION	CITY ▲ Te pries: List all banks or other depositories in which	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY CITY Te pries: List all banks or other depositories in which aintains funds.	elephone Number	
Full Name Mailing Address TITLE OR POSITION Banks or Other Deposite afety deposit boxes or make the second process of the second	CITY CITY Te pries: List all banks or other depositories in which aintains funds.	elephone Number	

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). Joint Fundraisi	ng Participant:		
1		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
-	d Organization, Affiliated Committee, Joint Fundra		
Mailing Address	3138 10TH STREET NORTH		
Balancalin	Arlington CITY	VA STATE ▲	22201-2160 ∠IP CODE ▲
Relationship:			
Connecte	ed Organization X Affiliated Committee Joint fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name		Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name	fy by name, address (phone number – optional)	Fundraising Represent	Leadership PAC Spo
Connecte Designated Agent: Identi Full Name Mailing Address	fy by name, address (phone number – optional)		
Connected Agent: Identification of the Connected Agent: I	fy by name, address (phone number – optional) CITY CITY Tel Ories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Connected Pesignated Agent: Identify Full Name Mailing Address TITLE OR POSITION Danks or Other Deposity afety deposit boxes or make the same of Bank,	fy by name, address (phone number – optional) CITY CITY Tel Ories: List all banks or other depositories in which t	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY Tel Ories: List all banks or other depositories in which the naintains funds.	STATE A	ZIP CODE A
Connected Pesignated Agent: Identification of Bank, Depository, etc.	fy by name, address (phone number – optional) CITY CITY Tel Ories: List all banks or other depositories in which the naintains funds.	STATE A	ZIP CODE A