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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) over the lines. is changed) Ohio Credit Union League Political Action Committee 10 West Broad St ADDRESS (number and street) **Suite 1100** (Check if address is changed) Columbus 43017 ОН CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS skessinger@ohiocul.org (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2015 C00349902 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. Kurt Neeper Type or Print Name of Treasurer Kurt Neeper [Electronically Filed] 03 2015 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. Office For further information contact: FEC FORM 1 Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only

Local 202-694-1100

| | EEC Ea | rm 1 (Pavisad 02/2000) | Page 2 | | | |
|-------------|---|--|--|--|--|--|
| | | rm 1 (Revised 02/2009) OMMITTEE | raye Z | | | |
| Car | ndidate | 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 candidate information below.) | | | | | |
| Nam Cand | e of didate | | | | | |
| | didate / Affiliati | on Office Sought: House Senate President | State | | | |
| (c) | | This committee supports/opposes only one candidate, and is NOT an authorized committee. | | | | |
| Nam Cand | e of didate | | | | | |
| Par | ty Con | nmittee: | | | | |
| (d) | | This committee is a (National, State or subordinate) committee of the | (Democratic, Republican, etc.) Party. | | | |
| Poli | tical A | ction Committee (PAC): | | | | |
| (e) | \times | 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 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 segregated fund or particle. (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.) | | | | |
| Join | t Fund | Iraising Representative: | | | | |
| (g) | | This committee collects contributions, pays fundraising expenses and disburses net proceeds for troommittees/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 to committees/organizations, none of which is an authorized committee of a federal candidate. | vo or more political | | | |
| | Com | Committees Participating in Joint Fundraiser | | | | |
| | 1. | FEC ID number | | | | |
| | 2. | FEC ID number | | | | |
| | 3. | FEC ID number | | | | |
| | 4. | | | | | |

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|--|---|-----------------------------------|
| FEC Form 1 (Revise | ed 02/2009) | Page 3 |
| Write or Type Committee Na | ame | |
| Ohio Credit U | nion League Political Action Commit | tee |
| 6. Name of Any Connecte | d Organization, Affiliated Committee, Joint Fundraising Representative | ve, or Leadership PAC Sponsor |
| Ohio Credit Union L | eague | |
| | | |
| Mailing Address | 10 West Broad Street | |
| | Suite 1100 | |
| | Columbus | 43215 |
| | CITY STATE | ZIP CODE |
| | | |
| Relationship: X Connec | cted Organization | entative Leadership PAC Sponsor |
| books and records. | dentify by name, address (phone number optional) and position of the Kessinger | person in possession of committee |
| Mailing Address | 10 West Broad Street | |
| Mailing Address | Suite 1100 | |
| | Columbus | 43215 |
| Title or Position | CITY STATE | ZIP CODE |
| The of Feshion | on one | Zii GGBE |
| Custodian of Records | Telephone number | 614 - 336 - 2894 |
| Treasurer: List the name any designated agent (e.g.) | and address (phone number optional) of the treasurer of the committed assistant treasurer). | ee; and the name and address of |
| Full Name Kurt Ne | eper | |
| Mailing Address | 10 West Broad Street | |
| Walling Address | Suite 1100 | |
| | Columbus OH | 43215 |
| | CITY STATE | ZIP CODE |
| Title or Position , Treasurer | | 614 336 2894 |

614

Telephone number

336

2894

9.

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|---|----------------------|----------------------|------------------|--|--|--|--|--|
| | | | | | | | | |
| Full Name of Designated Shawn Ke | | | | | | | | |
| Mailing Address | 10 West Broad Street | | | | | | | |
| | Suite 1100 | | | | | | | |
| | Columbus | OH 43 STATE | 2215 ZIP CODE | | | | | |
| Title or Position Assistant Treasurer | | Telephone number 614 | - 336 - 2894 | | | | | |
| 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. Corporate One Federal Credit Union | | | | | | | | |
| Mailing Address | 8700 Orion PI | | | | | | | |
| | | | | | | | | |
| | Columbus | OH 43 | 3240 | | | | | |
| | CITY | STATE | ZIP CODE | | | | | |
| Name of Bank, Depository, etc. | | | | | | | | |
| | | | | | | | | |
| Mailing Address | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | CITY | STATE | ZIP CODE | | | | | |

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

Page 5 FEC Form 1G (Revised 06/2011) List all banks or other depositories in which the committee deposits funds, holds accounts, rents Banks or Other Depositories: safety deposit boxes or maintains funds. [ADDITIONAL] Name of Bank, Depository, etc. Mailing Address CITY 🗖 ZIP CODE 🛕 STATE **△** [ADDITIONAL] Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor 601 Pennsylvania Ave Mailing Address South Building, Suite 600 Washington DC 20004 **CITY** STATE 4 ZIP CODE Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor [ADDITIONAL] **Designated Agent** Full Name Mailing Address Title or Position CITY # **STATE** ZIP CODE Telephone number [ADDITIONAL] Joint Fundraiser Participant С FEC ID number