Only

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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) NAFCU PAC of Credit Union National Association, Inc. 3138 10th Street North ADDRESS (number and street) (Check if address is changed) Arlington 22201-2108 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS (Check if address npac@americascreditunions.org is changed) Optional Second E-Mail Address outsourcing@aristotle.com COMMITTEE'S WEB PAGE ADDRESS (URL) (Check if address is changed) DATE 2024 C00040659 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 Mesack, Greg,, Mr., 07 15 2024 Signature of Treasurer Mesack, Greg,, Mr., Date 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

EC F	orm 1 (Revised 03/2022) Page 2
TYI	PE OF COMMITTEE:
Ca	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.)
	lame of Candidate
C	Candidate Office State
F	Party Affiliation Sought: House Senate President  District
(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.
	Name of Candidate
Pa	rty Committee:
(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, etc.) Party
	litical Action Committee (PAC):
(e)	litical Action Committee (PAC):  This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (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.)
(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.
.loi	int 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. C

Treasurer

	-			_
	FEC Form 1 (Revised	<u> </u>		Page <b>3</b>
V	/rite or Type Committee Name		anintina lan	
_		Credit Union National Ass	•	
6.	Credit Union Nationa	Organization, Affiliated Committee, Joint F	undraising Representative, or L	eadership PAC Sponsor
	Credit Official Nationa			
	Mailing Address	99 M St SE		
		Ste 300		
		Washington	DC 2	20003-3957
		CITY ▲	STATE ▲	ZIP CODE ▲
	Relationship: X Connected	I Organization Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Identification books and records.	tify by name, address (phone number optio	nal) and position of the person in p	ossession of committee
	D:D: 14			
	Full Name	eghan, , Ms.,		
	Mailing Address	3138 10th St N		
		Arlington	VA	22201-2160
		CITY ▲	STATE ▲	ZIP CODE ▲
	Title or Position ▼			
	Custodian of Records		Telephone number 703	842
8.	Treasurer: List the name ar any designated agent (e.g.,	nd address (phone number optional) of the assistant treasurer).	e treasurer of the committee; and	the name and address of
	Full Name Mesack, C	Greg, , Mr.,		
	Mailing Address	3138 10th St N		
		Arlington	VA 2	22201-2108
	Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲

703

Telephone number

FEC Form 1	(Revised 02/2009)		Page <b>4</b>
Full Name of Designated Agent	Rivera, Eddie, , ,		
Mailing Address	3138 10th St N		
	Arlington	VA 2220	1-2160
Title or Position ▼	CITY ▲	STATE ▲	ZIP CODE ▲
Assistant Treasur		e number 703 -	842 - 2837
	Depositories: List all banks or other depositories in which the conces or maintains funds.	nmittee deposits funds, ho	olds accounts, rents
Name of Bank, D	epository, etc.		
	State Department Federal Credit Union		
Mailing Address	1630 King Street		
	Alexandria	VA 22314	1
	CITY ▲	STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.		
Mailing Address			
	CITY ▲	STATE ▲	ZIP CODE ▲

### : 97 'A = G7 9 @ G B9 CI G'H9 LH F9 @ 5 H98 'HC '5 'F9 DC FHZ G7 < 98 I @ 'C F' + H9 A = N5 H+ C B

Form/Schedule: F1A Transaction ID:

Amended to update the name of the committee's treasurer.

Form/Schedule: Transaction ID:

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

Page \_\_\_ **of** \_\_\_\_\_

g) or (h). <b>Joint Fundraising</b>	Participant:		
1		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
Name of Any Connected (	Organization, Affiliated Committee, Joint Fundra	ising Representative	e, or Leadership PAC Sponsor
KENTUCKY CREDIT	UNION LEAGUE MEMBERS POLITICAL AC	TION COMMITTE	E
	5111 COMMERCE CROSSINGS DRIVE		
Mailing Address			
	SUITE 210		
	LOUISVILLE	L KY	40229-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identify	by name, address (phone number – optional)		
Designated Agent: Identify  Full Name	by name, address (phone number – optional)		
	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY   CITY   Tele  des: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or mail  Name of Bank, Depository, etc.	CITY   CITY   Tele  des: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or mail	CITY   CITY   Tele  des: List all banks or other depositories in which the	ephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositorisafety deposit boxes or mail  Name of Bank, Depository, etc.	CITY   CITY   Tele  des: List all banks or other depositories in which the	ephone Number	

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

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	rganization, Affiliated C ASTERN CREDIT UN ONE PERIMETER PARK SUITE 130 BIRMINGHAM	IONS FEDERAL		number Conumber C	
OF SOUTHE,	ONE PERIMETER PARK	IONS FEDERAL	FEC ID FEC ID	number C	
OF SOUTHE,	ONE PERIMETER PARK	IONS FEDERAL	FEC ID	number C	
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OF SOUTHE,	ONE PERIMETER PARK	IONS FEDERAL		esentative, o	r Leadership PAC Spons
OF SOUTHE,	ONE PERIMETER PARK	IONS FEDERAL			
	SUITE 130	SOUTH			
	SUITE 130	SOUTH			
aship:					
iship:	BIRMINGHAM				
ship:				AL	35243-
	C	CITY A		STATE A	ZIP CODE ▲
e					
ddress					
R POSITION ▼	CI	TY 🛦	S	TATE ▲	ZIP CODE ▲
			Telephone Nur	mber	
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	ing Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	C
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Name of Any Connecte	d Organization, Affiliated Committee, Joint Fu	ndraising Representative	e, or Leadership PAC Spons
INDIANA CREDIT U	INION LEAGUE POLITICAL ACTION COM	IMITTEE	
	FORE CARTLE OREEK DADKWAYAN DRIVE		
Mailing Address	5975 CASTLE CREEK PARKWAY N DRIVE		
	SUITE 200		
	INDIANAPOLIS	IN IN	46250-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number – optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A		ZIP CODE A
Full Name   _   _    Mailing Address  TITLE OR POSITIO	CITY A	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  Cories: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name	CITY ▲  Cories: List all banks or other depositories in wh	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITIO	CITY ▲  **Ories: List all banks or other depositories in when aintains funds.	STATE   Telephone Number  ich the committee deposit	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite safety deposit boxes or not be safety deposited.	CITY ▲  **Ories: List all banks or other depositories in when aintains funds.	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc.	CITY ▲  Cories: List all banks or other depositories in when aintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Depositions boxes or not be safety deposit boxes or not be safety deposit boxes or not be safety depository, etc.	CITY ▲  Cories: List all banks or other depositories in when aintains funds.	STATE A  Telephone Number	s funds, holds accounts, rents

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	ng Participant:		
1.		FEC ID number	С
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lame of Any Connected	l Organization, Affiliated Committee, Joint Fu	indraising Representative	or Leadership PAC Spon
	T UNION LEAGUE CREDIT UNION DEF		., or Leadership FAO opon
Mailing Address	P.O. BOX 1787		
	COLUMBIA	SC	29202-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
3	fy by name, address (phone number – optional	<b>,</b>	
Full Name			
Full Name			
	CITY A	STATE A	ZIP CODE A
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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5(g) or (h).	Joint Fundraising	Participant:		
1.			FEC ID number	C
2.			FEC ID number	C
3.			FEC ID number	C
4.			FEC ID number	C
	-	Organization, Affiliated Committee, Joint Fundrai	sing Representative	e, or Leadership PAC Sponsor
N	Mailing Address	1201 K STREET, SUITE 1050		
		SACRAMENTO	CA	95814-
F	Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	Connected (	Organization X Affiliated Committee Joint F	undraising Representa	ative Leadership PAC Sponsor
8. <b>Design</b>	nated Agent: Identify b	by name, address (phone number - optional)		
Ful	II Name			
Ма	uiling Address			
TI	TLE OR POSITION V	CITY A	STATE ▲	ZIP CODE ▲
TI	TLE OR POSITION \		STATE ▲	ZIP CODE ▲
9. <b>Banks</b> safety		es: List all banks or other depositories in which thatains funds.	ephone Number	s funds, holds accounts, rents
9. Banks safety Name Deposi	or Other Depositoried deposit boxes or main of Bank,	es: List all banks or other depositories in which thatains funds.	ephone Number	s funds, holds accounts, rents
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# Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	g Participant:		
1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
Name of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	or Leadershin PAC Snons
_	UNIONS PAC OF CREDIT UNION NATIO		
Mailing Address	99 M ST, SE		
	SUITE 300		
	Washington	DC	20003-3957
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Designated Agent: Identif	y by name, address (phone number – optional)		
	y by name, address (phone number – optional)		
Designated Agent: Identif  Full Name  Mailing Address	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	y by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	Telephone Number	
Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposite Safety deposit boxes or main and the safety deposit boxes or main and the safety depository, etc.	CITY A	Telephone Number	

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	ng Participant:		
1		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
		-	
-	d Organization, Affiliated Committee, Joint Fu		e, or Leadership PAC Spons
OHIO CREDIT UNIO	ON LEAGUE POLITICAL ACTION COMMI		
Mailing Address	10 WEST BROAD ST		
	SUITE 1100		
	COLUMBUS	, , ,   OH	43017-
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Designated Agent: Ident	ify by name, address (phone number - optional)		
Designated Agent: Ident	ify by name, address (phone number – optional)		
	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	ify by name, address (phone number – optional)		
Full Name	CITY A	STATE A	ZIP CODE A
Full Name	CITY A		ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	CITY A	STATE A Telephone Number	
Full Name Mailing Address  TITLE OR POSITION	CITY ▲  cories: List all banks or other depositories in wh	STATE A Telephone Number	
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Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or not be boxed by the second state of Bank, Depository, etc.	CITY ▲  cries: List all banks or other depositories in whaintains funds.	STATE   Telephone Number  ich the committee deposit	s funds, holds accounts, rents
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h). <b>Joint Fundraisi</b>	ig raiticipant.		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	draising Representative	or Leadershin PAC Snon
-	UNION LEAGUE LEGISLATIVE ACTION F		,
Mailing Address	PO BOX 8054		
	PLYMOUTH	MI	48152-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
	d Organization X Affiliated Committee Joi  y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
		nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif		nt Fundraising Representa	Leadership PAC Sp
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esignated Agent: Identification Full Name   _   _     _	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or m  ame of Bank,	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mame of Bank, epository, etc.	y by name, address (phone number – optional)  CITY   CITY   pries: List all banks or other depositories in which aintains funds.	STATE A Telephone Number	ZIP CODE A

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(g) or (h). Joint Fund	Iraising Participant:		
1		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	C
4		FEC ID number	C
-	ected Organization, Affiliated Committee, Joint For CREDIT UNION ASSOCIATION POLITICAL A		e, or Leadership PAC Sponsor
Mailing Addres	4309 NORTH FRONT STREET		
-			
	HARRISBURG	PA	17110-
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Col	nnected Organization X Affiliated Committee	Joint Fundraising Representa	ative Leadership PAC Sponsor
Designated Agent:	Identify by name, address (phone number – optiona	l)	
Full Name			
Mailing Address			
	1		1
TITLE OR POS	ITION V	STATE ▲	ZIP CODE ▲
		Telephone Number	
. Banks or Other De safety deposit boxes	positories: List all banks or other depositories in wl	nich the committee deposits	s funds, holds accounts, rents
Name of Bank,			
Depository, etc.			
Mailing Addre	ss		
	<u> </u>		

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

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1.			FEC ID number	
3.			FEC ID numbe	
				er C
4.			FEC ID numbe	er C
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Name of Any Conn	ected Organization, Affilia	ted Committee, Joint	Fundraising Representa	tive, or Leadership PAC Spons
NEBRASKA CR	EDIT UNION LEAGUE	POLITICAL ACTION	I COMMITTEE(NCUL	.PAC)
				<u> </u>
Mailing Addres	4885 SOUTH 118	TH STREET		
Mailing Addres				
	L		NE	68137-
	OWATA		NE NE	
Relationship:		CITY A	STATE	▲ ZIP CODE ▲
Full Name				
Mailing Address				
TITLE OR POS	ITION ▼	CITY A	STATE A	ZIP CODE ▲
			Telephone Number	