| FEC FORM 1 | STATEME ORGANIZ | | | PAGE 1 / 4 |
|--|---|--|-----------------------|---------------------------------|
| 1. NAME OF COMMITTEE (in full) | (Check if name is changed) | Example:If typing, type over the lines. | 12FE4M5 | |
| ADDRESS (number and street | Lunion League PAC | - Federal | | |
| is changed) | Sacramento | | CA 9 STATE ▲ | 5814 – ZIP CODE ▲ |
| COMMITTEE'S E-MAIL ADD | RESS | | | |
| (Check if address is changed) | Laura@StephenCompany. | com | | |
| | Optional Second E-Mail Ad | ldress | | |
| COMMITTEE'S WEB PAGE (Check if address is changed) | ADDRESS (URL) | | | |
| 2. DATE 03 | 27 / Y Y Y Y 2024 | | | |
| 3. FEC IDENTIFICATION | NUMBER ► C C | 00235929 | | |
| 4. IS THIS STATEMENT | NEW (N) OR | × AMENDED (A) | | |
| I certify that I have examine Type or Print Name of Treas | d this Statement and to the best urer <u>Stephen, Laura Ann, , ,</u> | of my knowledge and belief it | t is true, correct ar | nd complete. |
| Signature of Treasurer S | tephen, Laura Ann, , , | | Date 03 | / D D / Y Y Y Y 27 2024 |
| NOTE: Submission of false, er | roneous, or incomplete information ANY CHANGE IN INFORMA | may subject the person signing TION SHOULD BE REPORTED | | e penalties of 52 U.S.C. §3010 |
| Office Use Only | | For further information of Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100 | contact: | FEC FORM 1 (Revised 06/2012) |

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|-----------------|--|-----------------------|
| 5. TYPE O | OF COMMITTEE: | |
| Candid | ate 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.) | ne candidate |
| Name Candio | of | |
| Candic Party | date Office Affiliation Sought: House Senate President | State CA |
| | | District |
| (c) | This committee supports/opposes only one candidate, and is NOT an authorized committee. | |
| Nam Cano | e of didate | |
| (d) | Committee: (National, State (Democratic This committee is a or subordinate) committee of the Republican | c, , etc.) Party |
| Politica | al Action Committee (PAC): | |
| (e) 🗙 | This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected | ed organization is a: |
| | Corporation Corporation w/o Capital Stock | Organization |
| | X Membership Organization Trade Association Coopera | ative |
| | In addition, this committee is a Lobbyist/Registrant PAC. | |
| (f) | This committee supports/opposes more than one Federal candidate, and is NOT a separate segregate committee. (i.e., nonconnected committee) | ed 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 Pa | AC). |

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
2.

In addition, this committee is a Lobbyist/Registrant PAC.

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|------------------------------|--------|
| Write or Type Committee Name | |

California Credit Union League PAC - Federal

| 6. | Name of Any Connected Or | ganization, Affilia | ted Co | mmit | tee, | Join | nt F | und | rais | ing | Rep | ores | sent | ativ | e, c | or L | ead | ersh | ip I | PAC | Sp | ons | or | |
|----|---------------------------|---------------------|------------|-------|--------|------|------|------|-------|------|-------|---------|------|-----------|-------|------|------|-------|------|-------|------|----------|------|-----|
| | America's Credit Unic | ons PAC of C | redit L | Jnio | n N | atic | ona | al A | SS | | atic | n, ⊥ | Inc | C. | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | <u> </u> | | |
| | Mailing Address | 99 M Street, SE | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | |
| | | Washington | | | | | | | | | | | | | | | 2000 | 3 | | | | | | |
| | | | С | | ▲ | | | | | | | S | STAT | ΓE 4 | | | | Z | ΖIΡ | CO | DE 4 | | | |
| | Relationship: X Connected | Organization | Affiliated | Orgai | nizati | on | | Jo | int F | undı | raisi | ng l | Rep | rese | ntati | ve | E | Le | eade | ershi | p PA | ۹C ٤ | Spor | sor |

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

| Stephen, I | iura Ann, , , | |
|----------------------|-------------------------------|--|
| Full Name | | |
| Mailing Address | 1127-11th Street, Suite 210 | |
| | | |
| | Sacramento CA 95814 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position ▼ | | |
| Custodian of Records | Telephone number 916 831 0249 | |

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 | Stephen, Laura Ann, , , |
|---------------------------|---|
| Mailing Address | 1127-11th Street, Suite 210 |
| | |
| | Sacramento CA 95814 |
| | CITY ▲ STATE ▲ ZIP CODE ▲ |
| Title or Position | 7 |
| Treasurer | Image: |

| FEC F | Form 1 | (Revised | 02/2009) |
|-------|--------|----------|----------|
|-------|--------|----------|----------|

| Full Name of Designated Agent | Urbano, Kimberly, , , | |
|-------------------------------------|-----------------------------|--|
| Mailing Address | 1127-11th Street, Suite 210 | |
| | | |
| | Sacramento CA 95814 | |
| | CITY ▲ STATE ▲ ZIP CODE ▲ | |
| Title or Position ▼ | | |
| Assistant Treasure | r Telephone number | |

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.

| L | Golden 1 Credit Union | | |
|----------------------|-----------------------|---------|------------|
| Mailing Address | 1109 L Street | | |
| | | | |
| | Sacramento | CA 9581 | 4 |
| | CITY ▲ | STATE A | ZIP CODE |
| Name of Bank, De | pository, etc. | | |
| L Mailing Address | | | |
| | | | |
| | | | |
| | CITY 🔺 | STATE A | ZIP CODE ▲ |

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