FEC FORM 1

## STATEMENT OF ORGANIZATION

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FORM 1		J	NGAN			•													
													Offi	ce U	se Or	ly			
1. NAME OF COMMITTEE (in	n full)		Check if nam changed)		Exampl over the		ing, ty	pe		12F	E4	M5	_						
KENTUCKY (	CREDIT	IOINU	N LEAGL	JE Inc.	MEN	ЛВЕF	RS F	POL	_ITI	CA	L A	\C_	ΓΙΟ	N	CO	ΜN	1IT	ΓΕΙ	=
ADDRESS (number a	nd street)	5111 Cor	nmerce Cross	ings Drive															
(Check if a is changed		Suite 210	<b>)</b>																Ш
	-,	LOUISVI	LLE 							KY STAT		L	4022	29	<u> </u>		DDE 4		Ш
COMMITTEE'S E-MA	VII ADDRES								•	ואוכ	_				۷.	- 00			
(Check if a	address		/@kycul.org																. 1
is changed	d)		Second E-Ma	ail Addres	is														
		Sorkies@																	Ш
COMMITTEE'S WEB  (Check if a is changed	address	DRESS (UF	RL)																
2. DATE 12		D / Y	2007																
3. FEC IDENTIFIC	CATION NU	MBER ▶		C0013	30831														
4. IS THIS STATEM	MENT	NEW	(N) <b>O</b>	R	×	AME	NDED	(A)											
I certify that I have e	examined thi	s Stateme	nt and to the	best of r	my knov	wledge	and b	elief	it is	true,	cor	rect	and	com	plete				
Type or Print Name	of Treasurer	Kasch, J	lim, , ,																
Signature of Treasure	er Kasch	ı, Jim, , ,						_	Da	ate		03	′	2	2	′	20:		Y
NOTE: Submission of	false, errone		omplete inform	_				-						ena	lties (	of 52	U.S.	C. §3	30109.
Office Use Only					Fed Toll	further deral Ele Free 80 al 202-6	ction Co 0-424-9	ommis 9530		act:			I		C F		<b>M 1</b> 2012)		

<del>-</del>	
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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 cal information below.)	ndidate
Name of Candidate    '','','','','',',',',',',',',',',',','	
Candidate Party Affiliation Office 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, etc.	) Party
Political Action Committee (PAC):	
(e) X This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	ganization is a:
Corporation Corporation w/o Capital Stock Labor Organi	ization
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 function committee. (i.e., nonconnected committee)	nd 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 mo committees/organizations, at least one of which is an authorized committee of a federal candidate.	re political
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or mo committees/organizations, none of which is an authorized committee of a federal candidate.	re political
Committees Participating in Joint Fundraiser	
1 C	
2.	

Title or Position ▼

	_		_
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V	Vrite or Type Committee Name		
	KENTUCKY CRED	T UNION LEAGUE Inc. MEMBERS POLITICAL ACTI	ON COMMITTEE
6.	-	rganization, Affiliated Committee, Joint Fundraising Representative, or L	_eadership PAC Sponsor
	NAFCU PAC of Cred	lit Union National Association	
	Mailing Address	3138 10th Street N	
		Arlington	22201
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connected	Organization X Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
7.	Custodian of Records: Identi books and records.  Hagerty, K	ify by name, address (phone number optional) and position of the person in p	ossession of committee
	Full Name	 	
	Mailing Address	5111 Commerce Crossings Drive	
	J	Suite 210	
		Louisville	40229
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	VP	Telephone number 502	_   855   8206
8.	Treasurer: List the name an any designated agent (e.g.,	d address (phone number optional) of the treasurer of the committee; and assistant treasurer).	I the name and address of
	Full Name Kasch, Jim of Treasurer	,,, 	
	Mailing Address	5111 Commerce Crossings Drive	
	a.iiig / iddiooo	Suite 210	
		Louisville	40229

CITY 🔺

STATE ▲

Telephone number

502

ZIP CODE ▲

4005

813

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De	all Name of esignated gent	Orkies, Sabrina, , ,	1 1 1 1 1	
Ma	ailing Address	5111 COMMERCE CROSSINGS DR		
		Suite 210		
		Louisville	∫ KY	40229
Tit	tle or Position <b>▼</b>	CITY ▲	STATE ▲	ZIP CODE ▲
L		Telephone	number	
		<b>Depositories:</b> List all banks or other depositories in which the commes or maintains funds.	mittee deposits f	unds, holds accounts, rents
Na	ame of Bank, D	epository, etc.		
		Autotruck FCU		
Ma	ailing Address	3611 Newburg ROad		
		Louisville	∫ KY	40218
		CITY A	STATE ▲	ZIP CODE ▲
Na	ame of Bank, D	epository, etc.		
Ma	ailing Address			
		CITY A	STATE ▲	ZIP CODE ▲

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

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	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	C
lame of Any Connected	l Organization, Affiliated Committee, Joint Fund	raising Representativ	e, or Leadership PAC Spons
Kentucky Credit Uni	on League Inc.		
Mailing Address	5111 Commerce Crossings Drive		
	Suite 210		
	Louisville	KY KY	40229
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
X Connective Connectiv	Affiliated Committee Join  Join  fy by name, address (phone number – optional)	t Fundraising Represent	ative Leadership PAC Spo
		rundraising represent	Leadership 1 AC Spo
esignated Agent: Identi		rundraising Represent	Leadership TAC Spo
Pesignated Agent: Identi		rundraising Represent	Leadership TAC Spo
Pesignated Agent: Identi		rundraising Represent	
Pesignated Agent: Identi Full Name  Mailing Address	fy by name, address (phone number – optional)	STATE A	ZIP CODE A
Pesignated Agent: Identi	fy by name, address (phone number – optional)  CITY		
Pesignated Agent: Identi Full Name  Mailing Address	fy by name, address (phone number – optional)  CITY	STATE A	
Pesignated Agent: Identification of the Position of the Positi	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A	ZIP CODE A
Pesignated Agent: Identification of the Position of the Positi	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the content of Bank,	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which	STATE A Telephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE   ZIP CODE   ts funds, holds accounts, rents
Full Name  Mailing Address  TITLE OR POSITION  Canks or Other Deposite afety deposit boxes or make the property of the propert	fy by name, address (phone number – optional)  CITY   CITY   Tories: List all banks or other depositories in which paintains funds.	STATE A Telephone Number	ZIP CODE   ZIP CODE   ts 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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(h). <b>Joint Fundrais</b> i	ng Participant:		
1.		FEC ID number	С
2		FEC ID number	C
3.		FEC ID number	C
4.		FEC ID number	С
-	d Organization, Affiliated Committee, Joint Fun T UNIONS PAC OF CREDIT UNION NATIO		
Mailing Address	99 M ST, SE		
	SUITE 300		
	WASHINGTON	DC	20003-3799
Relationship:	CITY A	STATE ▲	ZIP CODE ▲
Connect	ed Organization X Affiliated Committee Jo	int Fundraising Represent	ative Leadership PAC Spo
Connect		int Fundraising Represent	ative Leadership PAC Spo
Connect  Designated Agent: Ident		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name		int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name	ify by name, address (phone number – optional)	int Fundraising Represent	Leadership PAC Spo
Connect  Designated Agent: Ident  Full Name  Mailing Address	ify by name, address (phone number – optional)		
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A Telephone Number	ZIP CODE A
Connect  Designated Agent: Ident  Full Name  Mailing Address  TITLE OR POSITION  Banks or Other Deposit afety deposit boxes or no part of Bank, Depository, etc.	ify by name, address (phone number – optional)  CITY   Ories: List all banks or other depositories in which naintains funds.	STATE A  Telephone Number	ZIP CODE A