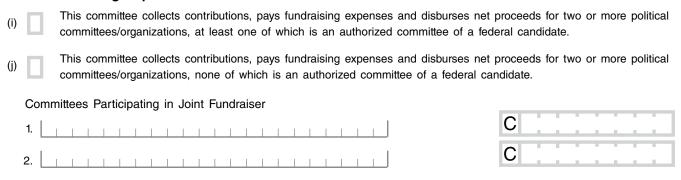
FEC FORM 1	STATEMEN ORGANIZ			PAGE 1 / 5
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
	ding Company Poli		ttee/TruSta	
ADDRESS (number and street)	5910 Mineral Point Rd, PO Bo	ox 747 		
(Check if address is changed)	Mail Stop 5910 4 A2			
lo changed)	Madison │ │ │ │ │ │ │ │ │ │ │		UI 53 STATE ▲	8701-0747 – [ZIP CODE ▲
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address is changed)	christopher.roe@trustage.c	om 		
	Optional Second E-Mail Add	dress		
COMMITTEE'S WEB PAGE AN (Check if address is changed)	DDRESS (URL)			
	03 / Y Y Y Y 2024			
3. FEC IDENTIFICATION N	NUMBER ► C co	00402107		
4. IS THIS STATEMENT	NEW (N) OR	X AMENDED (A)		
I certify that I have examined	this Statement and to the best	of my knowledge and belief it	is true, correct an	d complete.
Type or Print Name of Treasu	er Roe, Christopher, P., ,			
Signature of Treasurer Rod	e, Christopher, P., ,		Date 07	/ D D / Y Y Y Y 03 2024
NOTE: Submission of false, erro	neous, or incomplete information ANY CHANGE IN INFORMA	may subject the person signing the transmission of the term of		e penalties of 52 U.S.C. §30109
Office Use Only		For further information cc Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

Image# 202407039652559960

07/03/2024 12:00

FEC 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. (Comp information below.)	plete the candidate
Name of Candidate	
Candidate Office Party Affiliation Office Sought: House Senate President	t District
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
(d) This committee is a	nocratic, ublican, etc.) Party onnected organization is a:
Corporation V/o Capital Stock	abor Organization
Membership Organization Trade Association	Cooperative
X In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate seg committee. (i.e., nonconnected committee)	gregated 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 (Hy	/brid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



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	FEC Form 1 (Revised 02/2009)	Page 3
V	Write or Type Committee Name	
	CUNA Mutual Holding Company Political Action Committee/TruSta	ge PAC
6.	Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership	p PAC Sponsor
	CUNA Mutual Holding Company	
	5010 Mineral Point Road	

Mailing Address	5910 Mineral Point Road			
	Madison		WI 53709	5
	CITY 🔺		STATE 🔺	ZIP CODE
Relationship: X Co	onnected Organization Affiliated Organiza	tion Joint Fundraisir	g Representative	Leadership PAC Sponsor

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

Roe, Chris	topher, P., ,							
Full Name								
Mailing Address	2 Hawk Feather Cir							
	1							
	Madison WI53717							
	CITY ▲ STATE ▲ ZIP CODE ▲							
Title or Position ▼								
SVP								

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	Roe, Christopher, P., ,								
Mailing Address	2 Hawk Feather Cir								
	Madison WI 53717								
	CITY ▲ STATE ▲ ZIP CODE ▲								
Title or Position ▼									
SVP 	Telephone number								

Full Name of																												
Designated	Greenamoy	er, Lizak	oeth, ,	,																								
Agent																												
Mailing Address		3247 V	Vildfire	e Trai	il																	I				I		
								1																		[
		Zionsv	ille														N			Ĺ	460 	77				. L		
						СІТ	· ۲	▲							:	STA	λΤΕ						Z	IP (COI	DE		
Title or Position ▼																												
Assistant Treasure	er 										Tel	əph	one	e ni	umb	ber										·		

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	Summit Credit Union		
Mailing Address	401 South Yellowstone Drive		
	Madison	WI	53719
	CITY 🔺	STATE ▲	ZIP CODE ▲
Name of Bank, De	pository, etc.		
l			
Mailing Address			
	CITY 🔺	STATE 🔺	ZIP CODE

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:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

Made the following update: Changed the Assistant Treasurer from James Denholm to Lizabeth Greenamoyer.

Form/Schedule: Transaction ID: