Please submit completed forms to: RA-BNCUSUBMISSIONS@pa.gov

Credit Union Name:



Market Square Plaza | 17 N Second Street, Suite 1300 | Harrisburg, PA 17101 717.787.2665 | www.dobs.pa.gov

STATEMENT OF OFFICERS AND DIRECTORS

In compliance with the requirements of the Credit Union Code 17 Pa. C.S. §706, the ensuing Statement is filed with the Pennsylvania Department of Banking and Securities.

Mailing Address:								
☐ (check if new add)	ress)							
			(City		State	e	Zip
						~		
Headquarters Addre	ess:					Count	y:	
				7:4-		State		77.
			(City		State	2	Zip
Telephone Number:					_ Fax Number	er:		
Date of Annual Mee	ting:		Off	ice Hours:				
☐ CEO or ☐ Man	ager:				Email:			
		☐ Full ′	Time ☐ Part	Time				
			OFFICERS OF	THE BOAL	RD OF DIREC	CTORS		
President:			orrection of the	THE BOTT	TE OF EIRE	21010		
Chairman:								
Vice President:								
Vice Chairman:								
Secretary:								
Treasurer:								
	EVE	CUTIVE CO	MMITTEE (Not	Logg Thon	Thusa Mamb	ang of the Doord)		
Name:	LAL	CULIVE CO	Name:	Less Than	Three Memb	Name:		
Address:			Address:			Address:		
	tate:	Zip:	City:	State:	Zip:	City:	State:	Zip:
E-mail:		2.5.	E-mail:	20000	p·	E-mail:	2	p·
Home Phone:			Home Phone:			Home Phone:		
Work Phone:			Work Phone:			Work Phone:		
		l						
Name:			Name:			Name:		
Address:			Address:			Address:		
City: St	tate:	Zip:	City:	State:	Zip:	City:	State:	Zip:
E-mail:			E-mail:			E-mail:		
Home Phone:			Home Phone:			Home Phone:		
Work Phone:			Work Phone:			Work Phone:		

		BOARD OF	DIRECTORS			
	Director		Director			
Name:	Director		Name:	Director		
Address:			Address:			
City:	State: 2	Zip:	City:	State:	Zip:	
E-mail:		•	E-mail:		•	
Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	
Name:	Director		Name:	Director		
Address:			Address:			
	State: Z	7in.		State:	7in.	
City: E-mail:	State: 1	Zip:	City: E-mail:	State:	Zip:	
Home Phone:			Home Phone:			
Work Phone:	T E		Work Phone:	T T- •	•0.04	
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	
	Director			Director		
Name:			Name:			
Address:			Address:			
City:	State: 2	Zip:	City:	State:	Zip:	
E-mail:			E-mail:			
Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	
	D' 1			D' 4		
Name:	Director		Name:	Director		
Address:			Address:			
City:	State: Z	Zip:	City:	State:	Zip:	
E-mail:	State: 1	ωp.	E-mail:	State.	Հ որ։	
Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
	Town Evnisor			Town Frmis	••••	
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	
	Director			Director		
Name:			Name:			
Address:			Address:			
City:	State: 2	Zip:	City:	State:	Zip:	
E-mail:			E-mail:		•	
Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	
	Diam 1			Dia 4		
Name:	Director		Name:	Director		
Name: Address:			Name: Address:			
	State. 7	7in.	Address: City:	Ctata	7in.	
City: E-mail:	State: Z	Zip:	E-mail:	State:	Zip:	
E-mail: Home Phone:			Home Phone:			
Work Phone:			Work Phone:			
	Town E		ı	Ta T	10G*	
Date Elected:	Term Expires:		Date Elected:	Term Expir	es:	

SUPERVISORY COMMITTEE							
Supervisory Committee Member			Supervisory Committee Member				
Name:	pervisory commettee member		Name:	iper visory Committee Membe	,1		
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:	Suite.	21p.	E-mail:	State.	zip.		
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				
Date Elected:	Term Expires:		Date Elected:	Term Expire	g•		
Date Elected:	Term Expires:		Date Elected:	Term Expire	S:		
Ç.,	pervisory Committee Member		C ₁₁	pervisory Committee Membe	ar .		
Name:	pervisory Committee Wember		Name:	ipei visory Committee Membe	71		
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:	State.	zip.	E-mail:	State.	zīp.		
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				
Date Elected:	Term Expires:		Date Elected:	Tares E	~-		
Date Elected:	Term Expires:		Date Elected:	Term Expire	S:		
Ç.,	pervisory Committee Member		S ₁₁	pervisory Committee Membe)r		
Name:	pervisory Committee Member		Name:	iper visor y Committee Wiembe	-1		
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:	State:	zīp:	City: E-mail:	State:	zip:		
Home Phone:			E-man: Home Phone:				
Work Phone:			Work Phone:				
	760 TO 1			750 TO 1			
Date Elected:	Term Expires:		Date Elected:	Term Expire	S:		
CREDIT COMMITTEE							
☐ Elected ☐ A Credit Committee Member			Appointed None Credit Committee Member				
Name:	Cream Committee Member		Name:	Citan Committee Member			
Address:			Address:				
Address:	Gt. 4	771	Audress:	G	77		

CREDIT COMMITTEE							
	□ Electe	d 🗆	Appointed	□ None			
	Credit Committee Member			Credit Committee Member			
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:			E-mail:				
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				
	Credit Committee Member			Credit Committee Member			
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:			E-mail:				
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				

APPOINTED OFFICIALS							
Assistant Treasurer			Me	Membership Officer			
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:		_	E-mail:		_		
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				

OFFICERS IN CHARGE OF OPERATIONS (If Employed)							
President			☐ CEO or ☐ Manager				
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:			E-mail:				
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				
Date Elected:	Term Expires:	}	Date Elected:	Term Expires	:		
	Executive Vice President			Assistant Manager			
Name:			Name:				
Address:			Address:				
City:	State:	Zip:	City:	State:	Zip:		
E-mail:			E-mail:				
Home Phone:			Home Phone:				
Work Phone:			Work Phone:				
Date Elected:	Term Expires:		Date Elected:	Term Expires	:		
	Signed	on this	day of	in the ye	ar		
			Secretary / Treasi	urer	<u> </u>		

NOTE:

The Credit Union Code requires this Statement to be filed with the Pennsylvania Department of Banking and Securities within ten (10) days after the date of election of officers and provides for a Penalty of One Hundred Dollars (\$100.00) per day of delinquency for failure to file such Statements when due.

A revised Statement is to be filed with the Department whenever a change occurs in the information embodied in the Statement.