

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5 CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

ADDRESS (number and street) 5910 Mineral Point Rd, PO Box 747 Mail Stop 5910 4 A2 Madison WI 53701-0747 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00402107 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (selected), Termination Report (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 01 / 01 / 2019 through 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Roe, Christopher, P., , Type or Print Name of Treasurer

Signature of Treasurer Roe, Christopher, P., [Electronically Filed] Date 07 / 26 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From: / / To: / /

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---------------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="2019"/> | <input type="text" value="28681.72"/> | <input type="text" value="28681.72"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="28681.72"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="34416.00"/> | <input type="text" value="34416.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="63097.72"/> | <input type="text" value="63097.72"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="30000.00"/> | <input type="text" value="30000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="33097.72"/> | <input type="text" value="33097.72"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From: / / To: / /

| I. Receipts | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|---|---------------------------------------|---|
| 11. Contributions (other than loans) From: | | |
| (a) Individuals/Persons Other Than Political Committees | | |
| (i) Itemized (use Schedule A)..... | 32470.00 | 32470.00 |
| (ii) Unitemized | 1946.00 | 1946.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 34416.00 | 34416.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 34416.00 | 34416.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶ | 34416.00 | 34416.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 34416.00 | 34416.00 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 0.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 0.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 30000.00 | 30000.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements (Including Non-Federal Donations)..... | 0.00 | 0.00 |
| 30. Federal Election Activity (52 U.S.C. § 30101(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 30000.00 | 30000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 30000.00 | 30000.00 |

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 34416.00 | 34416.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 34416.00 | 34416.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 0.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 0.00 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 6 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Allen, Scott, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7026 New Washburn Way
 City Madison State WI Zip Code 53719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director - Actuary
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9591
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

B. Anderson, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3309 Blackhawk Drive
 City Madison State WI Zip Code 53707
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Chief Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9592
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

C. Atherton, Kevin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 351 W Wilson #14A
 City Madison State WI Zip Code 53703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, TruStage
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9593
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1260.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 7 OF 37 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Balogh, Megan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4705 Gordon Ave
 City Monona State WI Zip Code 53716
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Corp & Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9594
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

B. Borakove, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5319 Indigo Way
 City Middleton State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP - Treasurer - Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9597
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

C. Breese, Jodi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6137 Jeffers Drive
 City Madison State WI Zip Code 53719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Customer Implementation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9598
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 840.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 8 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Briggs, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4414 Misty Valley Drive
 City Middleton State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Large Accounts
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9599
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

B. Brown, David, G, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address P.O. Box 84
 City West Hyannisport State MA Zip Code 02672
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Members Capital Advisors Occupation (for Individual) EVP - Chief Investment Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9600
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

C. Chong, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6 Hughes Road
 City Bridgewater State NJ Zip Code 08807
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP - Retirement Plan Services
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9601
 Amount of Each Receipt this Period 1200.00
 Memo Item \$100 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2400.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 9 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Christianson, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 214 Coyle Parkway
 City Cottage Grove State WI Zip Code 53527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director - Marketing & Communications
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9602
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

B. Christopher, Martin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4125 Cherokee Drive
 City Madison State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, IT Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9603
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

C. Copeland, Christopher, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W4024 Kammes Drive
 City Belleville State WI Zip Code 53508
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP - Life & Annuity Solutions
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9605
 Amount of Each Receipt this Period 660.00
 Memo Item \$55 per pay period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1320.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 10 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Defnet, Michael, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1252 Dartmouth Drive
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Sales & Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 900.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9607
 Amount of Each Receipt this Period 900.00
 Memo Item \$75 per pay period

B. Denholm, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2318 Minnetonka Drive
 City Cedar Falls State IA Zip Code 50613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Employee & Labor Relations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9608
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

C. Douglas, Cami, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7321 Westbourne Street
 City Madison State WI Zip Code 53719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP-Business Finance & Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9609
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1800.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 11 OF 37 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Ellis, Cedric, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 49 Ponwood Circle

| | | |
|-----------------|-------------|-------------------|
| City Madison | State WI | Zip Code 53717 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) EVP, Enterprise Services |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 19 | / | 2019 |

Transaction ID : SA11AI.9670

Amount of Each Receipt this Period
500.00

Memo Item
\$500 personal check

B. Elmes, Paul, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9 Stanton Circle

| | | |
|-----------------|-------------|-------------------|
| City Madison | State WI | Zip Code 53719 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) Director-Tax |
|--|---|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2019 |

Transaction ID : SA11AI.9611

Amount of Each Receipt this Period
300.00

Memo Item
\$25 per pay period

C. Famularo, James, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 5379 Mariners Cove Road

| | | |
|-----------------|-------------|-------------------|
| City Madison | State WI | Zip Code 53704 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|---|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) VP - Customer Operations |
|--|---|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
420.00

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 06 | / | 30 | / | 2019 |

Transaction ID : SA11AI.9612

Amount of Each Receipt this Period
420.00

Memo Item
\$35 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1220.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 12 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Finucane, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31 Silver Ridge Common
 City Weston State CT Zip Code 06883
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) MEMBERS Capital Advisors Occupation (for Individual) Managing Director, Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9613
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Fischer, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1216 Acorn Court
 City Deerfield State WI Zip Code 53531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director - Payment Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9614
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

C. Gnam, Emily, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4809 Regent Street
 City Madison State WI Zip Code 53705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 21 / 2019
Transaction ID : SA11AI.9668
 Amount of Each Receipt this Period 600.00
 Memo Item \$600 personal check

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 13 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Hansing, Eric, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2681 Church Street
 City Cottage Grove State WI Zip Code 53527
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Multicultural Strategy/Market Dev
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9618
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

B. Hochsprung, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 14428 Holland Court
 City Apple Valley State MN Zip Code 55124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9619
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

C. Ilk, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3585 Sabaka Trail
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Information Technology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9620
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1020.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 14 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Isaacson, Jay, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 Farwell Drive
 City Madison State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Product Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9621
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

B. Jensen, Thomas, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W8849 Deer Run Trail
 City Cambridge State WI Zip Code 53523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9622
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

C. Kaas, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address W283 N3862 Yorkshire Trace
 City Pewaukee State WI Zip Code 53072
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, CMFG Ventures
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9623
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1020.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 15 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Kaiser, Daniel, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address N8880 Blue Vista Lane
 City New Glarus State WI Zip Code 53774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP - Payment Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9624
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Kobza, Lee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 816 Lexington Drive
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Investments
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9625
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

C. Kovac, Heidi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7633 Watch Hill Court
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9626
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 840.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 16 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Kovac, Timothy, K., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7633 Watch Hill Court
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Associate General Counsel
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9627
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

B. Landers, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 226 E Washington Street
 City Stoughton State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Regulatory Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9628
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

C. Lentz, Kevin, T., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3004 Shadyside Dr
 City Stoughton State WI Zip Code 53589
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP-Consumer Planning & Transformat
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9629
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1200.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 17 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Martorana, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1805 Madison Street
 City Madison State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9631
 Amount of Each Receipt this Period 480.00
 Memo Item \$40 per pay period

B. McAdow, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 82 Savannah Parkway
 City Deerfield State WI Zip Code 53531
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP-Go to Customer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9632
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

C. McGowan, Amy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2324 Keim Road
 City Naperville State IL Zip Code 60565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Associate Treasurer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9633
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1140.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 18 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Merfeld, Thomas, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3088 Edenberry St.
 City Fitchburg State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) EVP, Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9634
 Amount of Each Receipt this Period 1200.00
 Memo Item
 \$100 per pay period

B. Meyer, Jeffrey, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 19 Paget Road
 City Madison State WI Zip Code 53704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP - Credit Union Marketing
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt 06 / 26 / 2019
Transaction ID : SA11AI.9671
 Amount of Each Receipt this Period 650.00
 Memo Item
 \$650 personal check

C. Moenck, Nathan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5757 Rosslare Lane
 City Fitchburg State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Associate General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9635
 Amount of Each Receipt this Period 360.00
 Memo Item
 \$30 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2210.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 19 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Mooney, Troy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 31559 N 239th Drive
 City Peoria State AZ Zip Code 85383
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP - Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9636
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

B. Moritz, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1802 Monroe Street, Unit 208
 City Madison State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director E-Commerce
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9637
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

C. Munley, Thomas, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 111 Westside Lane
 City Middletown State DE Zip Code 19709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9638
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 960.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 20 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Murray, Daniel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 817 Hidden Cave Road
 City Madison State WI Zip Code 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, Payment Security
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9639
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

B. Nedelcoff, Linda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 404 Riviera Street
 City Oregon State WI Zip Code 53575
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) EVP, Chief Strategy and HR Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9641
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

C. Neumann, Mary, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7785 Cherrywood Lane
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP-Chief Risk Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9642
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1080.00 |
| TOTAL This Period (last page this line number only).....▶ | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | | |
|---|------------------------------|-----------------------------------|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | | FOR LINE NUMBER: (check only one) | PAGE 21 OF 37 |
| <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Newhouse, Kenneth, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 921 Lexington Way
 City Waunakee State WI Zip Code 53597
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director-EA Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9643
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

B. Peterson, Timothy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5225 County Road KP
 City Cross Plains State WI Zip Code 53528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) President - AdvantEdge Analytics (AeA)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9646
 Amount of Each Receipt this Period 1000.00
 Memo Item \$100 per pay period for 10 pay periods

C. Power, James, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 West Mifflin St, #5180
 City Madison State WI Zip Code 53703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) EVP, Commercial
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9647
 Amount of Each Receipt this Period 1200.00
 Memo Item \$100 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 2440.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 22 OF 37 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Purtell, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 810 Sunset Drive
 City Lody State WI Zip Code 53555
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9649
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Roe, Christopher, P., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Hawk Feather Cir
 City Madison State WI Zip Code 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP - Corporate & Legislative Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9651
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

C. Rossmiller, Stuart, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 18 Shade Tree Court
 City Madison State WI Zip Code 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Managing Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9652
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1320.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 23 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Sachatello, Susan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3092 Edenberry Street
 City Fitchburg State WI Zip Code 53711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Trustage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9653
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Sieb, Charles, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2330 Jeffy Trail
 City Madison State WI Zip Code 53719
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Continuous Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9655
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

C. Svedberg, John, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2418 1st Avenue NW
 City Waverly State IA Zip Code 50677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Valuation for L&H
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9657
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 840.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 24 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Swanson, Paul, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 110 Clarke Street
 City West Chester State PA Zip Code 19380
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, National Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9658
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Sweitzer, David, L., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3299 Prairie Glade Road
 City Middleton State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Wealth Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9659
 Amount of Each Receipt this Period 600.00
 Memo Item \$50 per pay period

C. Tessier, Andrew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1004 Saint Paul Avenue
 City Saint Paul State MN Zip Code 55116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) SVP, Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9660
 Amount of Each Receipt this Period 420.00
 Memo Item \$35 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1380.00 |
| TOTAL This Period (last page this line number only)..... | |

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 25 OF 37 |
| | <input checked="" type="checkbox"/> 11a | <input type="checkbox"/> 11b |
| | <input type="checkbox"/> 13 | <input type="checkbox"/> 14 |
| | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 |
| | <input type="checkbox"/> 17 | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Trunzo, Robert, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18960 Ashbourne Lane

| | | |
|--------------------|-------------|-------------------|
| City Brookfield | State WI | Zip Code 53045 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) President & CEO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3999.92

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 11 / 2019 |

Transaction ID : SA11AI.9669

Amount of Each Receipt this Period
3999.92

Memo Item
\$3,999.92 personal check

B. Trunzo, Robert, N., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 18960 Ashbourne Lane

| | | |
|--------------------|-------------|-------------------|
| City Brookfield | State WI | Zip Code 53045 |
|--------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) President & CEO |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2019 |

Transaction ID : SA11AI.9662

Amount of Each Receipt this Period
1000.08

Memo Item
\$83.34 per pay period

C. Webber, Thomas, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 Ondossagon Way

| | | |
|-----------------|-------------|-------------------|
| City Madison | State WI | Zip Code 53719 |
|-----------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) Managing Director |
|--|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
480.00

Date of Receipt

| |
|-------------------------|
| M M / D D / Y Y Y Y Y Y |
| 06 / 30 / 2019 |

Transaction ID : SA11AI.9663

Amount of Each Receipt this Period
480.00

Memo Item
\$40 per pay period

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 5480.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 26 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Wenger, Kirby, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3926 Jackson Street
 City Mineral Point State WI Zip Code 53565
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) VP, TruStage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9664
 Amount of Each Receipt this Period 360.00
 Memo Item \$30 per pay period

B. Werger, Brian, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1813 Danny Drive
 City Mt. Horeb State WI Zip Code 53572
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, TruStage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9665
 Amount of Each Receipt this Period 300.00
 Memo Item \$25 per pay period

C. Westendorf, Darren, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1406 Leitha Terrace
 City Waverly State IA Zip Code 50677
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CMFG Life Insurance Company Occupation (for Individual) Director, Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.9666
 Amount of Each Receipt this Period 240.00
 Memo Item \$20 per pay period

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 900.00 |
| TOTAL This Period (last page this line number only)..... | |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

| | | |
|---|--|---|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 27 OF 37 |
| | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 | <input type="checkbox"/> 11b <input type="checkbox"/> 14 |

| | | |
|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |
|-----------------------------|-----------------------------|-----------------------------|

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Winger, Lauren, , ,

Mailing Address 3069 Viking Pass

| | | |
|---------------------|-------------|-------------------|
| City Sun Prairie | State WI | Zip Code 53590 |
|---------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C**

| | |
|--|--|
| Name of Employer (for Individual) CMFG Life Insurance Company | Occupation (for Individual) EVP, Chief Products Officer |
|--|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 06 | | 30 | | 2019 |

Transaction ID : SA11AI.9667

Amount of Each Receipt this Period
600.00

Memo Item
\$50 per pay period

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

| | | |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

| | |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

| | |
|---|----------|
| SUBTOTAL of Receipts This Page (optional)..... | 600.00 |
| TOTAL This Period (last page this line number only)..... | 32470.00 |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. ACLI PAC

Mailing Address 101 Constitution Ave., NW
Suite 700

City Washington State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2019

FEC Identification Number

C []

Transaction ID : SB23.9581

Amount of Each Disbursement this Period

[] 1500.00

Memo Item

B. AMERICAN PROPERTY CASUALTY INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE (INSURING AMER)

Mailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City CHICAGO State IL Zip Code 60631

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 12 / 2019

FEC Identification Number

C C00066472

Transaction ID : SB23.9588

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

C. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES NTSAA PAC

Mailing Address 4245 N FAIRFAX DRIVE
SUITE 750

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2019

FEC Identification Number

C C00333104

Transaction ID : SB23.9584

Amount of Each Disbursement this Period

[] 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

[] 3500.00

[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. BEATTY FOR CONGRESS

Mailing Address PO BOX 172

City
COLUMBUS

State
OH

Zip Code
43216

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: OH District: 03

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 2 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00507368

Transaction ID : SB23.9545

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City
THE WOODLANDS

State
TX

Zip Code
77387

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: TX District: 08

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 6 | | 1 | 8 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00311043

Transaction ID : SB23.9577

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR WATERS

Mailing Address 249 E OCEAN BLVD # 685

City
LONG BEACH

State
CA

Zip Code
90802

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: CA District: 43

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 0 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00167585

Transaction ID : SB23.9574

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

TOTAL This Period (last page this line number only).....▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
|---|---|---|---|---|---|---|---|---|---|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. CONSUMER CREDIT INSURANCE ASSOCIATION DBA CONSUMER CREDIT INDUSTRY ASSOC PAC (CCIA PAC)

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 2 | 1 | | 2 | 0 | 1 | 9 |

Mailing Address 1300 PENNSYLVANIA AVE NW BOX 190 #

FEC Identification Number

| | |
|---|-----------|
| C | C00550483 |
|---|-----------|

Transaction ID : SB23.9583

Amount of Each Disbursement this Period

| |
|--------|
| 500.00 |
|--------|

Memo Item

City
WASHINGTON

State
DC

Zip Code
20004

Purpose of Disbursement
Contribution

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. DUFFY FOR WISCONSIN

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 4 | | 2 | 0 | 1 | 9 |

Mailing Address PO BOX 538

FEC Identification Number

| | |
|---|-----------|
| C | C00464339 |
|---|-----------|

Transaction ID : SB23.9550

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

City
WAUSAU

State
WI

Zip Code
54402

Purpose of Disbursement
Contribution

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: WI District: 07

Full Name (Last, First, Middle Initial)

C. DUFFY FOR WISCONSIN

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 5 | | 1 | 6 | | 2 | 0 | 1 | 9 |

Mailing Address PO BOX 538

FEC Identification Number

| | |
|---|-----------|
| C | C00464339 |
|---|-----------|

Transaction ID : SB23.9552

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Memo Item

City
WAUSAU

State
WI

Zip Code
54402

Purpose of Disbursement
Contribution

| |
|--|
| |
|--|

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WI District: 07

SUBTOTAL of Disbursements This Page (optional).....▶

| |
|---------|
| 2500.00 |
|---------|

TOTAL This Period (last page this line number only).....▶

| |
|--|
| |
|--|

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. DUFFY FOR WISCONSIN

Mailing Address PO BOX 538

City
WAUSAU

State
WI

Zip Code
54402

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 07

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 16 / 2019

FEC Identification Number

C C00464339

Transaction ID : SB23.9554

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Federation of Iowa Insurers PAC

Mailing Address 700 Walnut St, Suite 1600

City
Des Moines

State
IA

Zip Code
50309

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 20 / 2019

FEC Identification Number

C

Transaction ID : SB23.9582

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 2720 JORDAN ROAD

City
OREFIELD

State
PA

Zip Code
18069

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: PA District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 21 / 2019

FEC Identification Number

C C00461046

Transaction ID : SB23.9590

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

2500.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. JONI FOR IOWA

Mailing Address PO BOX 93441

City
DES MOINES

State
IA

Zip Code
50393

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 0 | 4 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00546788

Transaction ID : SB23.9555

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

B. JONI FOR IOWA

Mailing Address PO BOX 93441

City
DES MOINES

State
IA

Zip Code
50393

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: IA District: 00

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 4 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00546788

Transaction ID : SB23.9557

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

Full Name (Last, First, Middle Initial)

C. KENNY MARCHANT FOR CONGRESS

Mailing Address PO BOX 110187

City
CARROLLTON

State
TX

Zip Code
75011

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: TX District: 24

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | | 0 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00393348

Transaction ID : SB23.9564

Amount of Each Disbursement this Period

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | | | | | | | | | |

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
| | | | | | | | | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 20 / 2019

FEC Identification Number

C00420935

Transaction ID : SB23.9560

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. KEVIN MCCARTHY FOR CONGRESS

Mailing Address PO BOX 12667

City BAKERSFIELD State CA Zip Code 93389

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: CA District: 23

Disbursement For: 2020
 Primary General
 Other (specify)

Date of Disbursement

MM / DD / YYYY
05 / 23 / 2019

FEC Identification Number

C00420935

Transaction ID : SB23.9561

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE S
ROOM 428

City LA CROSSE State WI Zip Code 54601

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President
State: WI District: 03

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2019

FEC Identification Number

C00312017

Transaction ID : SB23.9559

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. MCHENRY FOR CONGRESS

Mailing Address PO BOX 2165

City
GASTONIA

State
NC

Zip Code
28053

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: NC District: 10

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
04 / 25 / 2019

FEC Identification Number

C C00393629

Transaction ID : SB23.9562

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. MIKE CRAPO FOR US SENATE

Mailing Address PO BOX 1948

City
BOISE

State
ID

Zip Code
83701

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: ID District: 00

Disbursement For: 2022
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
03 / 14 / 2019

FEC Identification Number

C C00330886

Transaction ID : SB23.9547

Amount of Each Disbursement this Period

2000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE GALLAGHER FOR WISCONSIN

Mailing Address PO BOX 1027

City
GREEN BAY

State
WI

Zip Code
54305

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 08

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y
03 / 14 / 2019

FEC Identification Number

C C00610212

Transaction ID : SB23.9558

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

| | | | | | | | | | | | | |
|---|---|--|----|--|----|----|-----|-----|-----|----|-----|---------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">21b</td> <td style="border: 1px solid black; text-align: center;">22</td> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> 23</td> <td style="border: 1px solid black; text-align: center;">26</td> <td style="border: 1px solid black; text-align: center;">27</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">28a</td> <td style="border: 1px solid black; text-align: center;">28b</td> <td style="border: 1px solid black; text-align: center;">28c</td> <td style="border: 1px solid black; text-align: center;">29</td> <td style="border: 1px solid black; text-align: center;">30b</td> </tr> </table> | 21b | 22 | <input checked="" type="checkbox"/> 23 | 26 | 27 | 28a | 28b | 28c | 29 | 30b | PAGE 35 OF 37 |
| 21b | 22 | <input checked="" type="checkbox"/> 23 | 26 | 27 | | | | | | | | |
| 28a | 28b | 28c | 29 | 30b | | | | | | | | |

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NAME OF COMMITTEE (In Full)
CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

| | | | | | | | | | | | | | | | |
|--|---|--|--|----------------------------------|--|------------------------------------|-----------|-----------------------------------|---|---|----|--|---------|------------------------------------|------|
| Full Name (Last, First, Middle Initial) A. MOORE FOR CONGRESS | | | Date of Disbursement <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M M M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D D D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">03</td> <td></td> <td style="border: 1px solid black; text-align: center;">05</td> <td></td> <td style="border: 1px solid black; text-align: center;">2019</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y | 03 | | 05 | | 2019 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | | | | |
| 03 | | 05 | | 2019 | | | | | | | | | | | |
| Mailing Address PO BOX 16646 | | | FEC Identification Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">C</td> <td style="border: 1px solid black; padding: 2px;">C00397505</td> </tr> <tr> <td colspan="2" style="text-align: center;">Transaction ID : SB23.9566</td> </tr> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">2000.00</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Memo Item </td> </tr> </table> | | | C | C00397505 | Transaction ID : SB23.9566 | | Amount of Each Disbursement this Period | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">2000.00</td> </tr> </table> | 2000.00 | <input type="checkbox"/> Memo Item | |
| C | C00397505 | | | | | | | | | | | | | | |
| Transaction ID : SB23.9566 | | | | | | | | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">2000.00</td> </tr> </table> | 2000.00 | | | | | | | | | | | | | | |
| 2000.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Memo Item | | | | | | | | | | | | | | | |
| City MILWAUKEE | State WI | Zip Code 53216 | | | | | | | | | | | | | |
| Purpose of Disbursement Contribution | | Category/ Type | | | | | | | | | | | | | |
| Candidate Name | | Office Sought: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> House</td> <td rowspan="3" style="padding-left: 20px;">Disbursement For: 2020</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Senate</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> President</td> </tr> </table> | <input checked="" type="checkbox"/> House | Disbursement For: 2020 | <input type="checkbox"/> Senate | <input type="checkbox"/> President | | | | | | | | | |
| <input checked="" type="checkbox"/> House | Disbursement For: 2020 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Senate | | | | | | | | | | | | | | | |
| <input type="checkbox"/> President | | | | | | | | | | | | | | | |
| State: WI District: 04 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> Primary</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: center;"> <input type="checkbox"/> Other (specify) ▼ </td> </tr> </table> | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|--|---|--|--|----------------------------------|--|------------------------------------|-----------|-----------------------------------|---|---|----|--|---------|------------------------------------|------|
| Full Name (Last, First, Middle Initial) B. MOORE FOR CONGRESS | | | Date of Disbursement <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M M M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D D D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">06</td> <td></td> <td style="border: 1px solid black; text-align: center;">12</td> <td></td> <td style="border: 1px solid black; text-align: center;">2019</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y | 06 | | 12 | | 2019 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | | | | |
| 06 | | 12 | | 2019 | | | | | | | | | | | |
| Mailing Address PO BOX 16646 | | | FEC Identification Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">C</td> <td style="border: 1px solid black; padding: 2px;">C00397505</td> </tr> <tr> <td colspan="2" style="text-align: center;">Transaction ID : SB23.9567</td> </tr> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">1000.00</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Memo Item </td> </tr> </table> | | | C | C00397505 | Transaction ID : SB23.9567 | | Amount of Each Disbursement this Period | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">1000.00</td> </tr> </table> | 1000.00 | <input type="checkbox"/> Memo Item | |
| C | C00397505 | | | | | | | | | | | | | | |
| Transaction ID : SB23.9567 | | | | | | | | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">1000.00</td> </tr> </table> | 1000.00 | | | | | | | | | | | | | | |
| 1000.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Memo Item | | | | | | | | | | | | | | | |
| City MILWAUKEE | State WI | Zip Code 53216 | | | | | | | | | | | | | |
| Purpose of Disbursement Contribution | | Category/ Type | | | | | | | | | | | | | |
| Candidate Name | | Office Sought: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> House</td> <td rowspan="3" style="padding-left: 20px;">Disbursement For: 2020</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> Senate</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> President</td> </tr> </table> | <input checked="" type="checkbox"/> House | Disbursement For: 2020 | <input type="checkbox"/> Senate | <input type="checkbox"/> President | | | | | | | | | |
| <input checked="" type="checkbox"/> House | Disbursement For: 2020 | | | | | | | | | | | | | | |
| <input type="checkbox"/> Senate | | | | | | | | | | | | | | | |
| <input type="checkbox"/> President | | | | | | | | | | | | | | | |
| State: WI District: 04 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> Primary</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: center;"> <input type="checkbox"/> Other (specify) ▼ </td> </tr> </table> | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | |
|---|---|--|---|----------------------------------|--|------------------------------------|-----------|-----------------------------------|---|---|----|---|--------|------------------------------------|------|
| Full Name (Last, First, Middle Initial) C. SINEMA FOR ARIZONA | | | Date of Disbursement <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">M M M</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">D D D</td> <td style="border: 1px solid black; text-align: center;">/</td> <td style="border: 1px solid black; text-align: center;">Y Y Y Y Y</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;">02</td> <td></td> <td style="border: 1px solid black; text-align: center;">04</td> <td></td> <td style="border: 1px solid black; text-align: center;">2019</td> </tr> </table> | | | M M M | / | D D D | / | Y Y Y Y Y | 02 | | 04 | | 2019 |
| M M M | / | D D D | / | Y Y Y Y Y | | | | | | | | | | | |
| 02 | | 04 | | 2019 | | | | | | | | | | | |
| Mailing Address PO BOX 7586 | | | FEC Identification Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">C</td> <td style="border: 1px solid black; padding: 2px;">C00508804</td> </tr> <tr> <td colspan="2" style="text-align: center;">Transaction ID : SB23.9569</td> </tr> <tr> <td colspan="2">Amount of Each Disbursement this Period</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">500.00</td> </tr> </table> </td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Memo Item </td> </tr> </table> | | | C | C00508804 | Transaction ID : SB23.9569 | | Amount of Each Disbursement this Period | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">500.00</td> </tr> </table> | 500.00 | <input type="checkbox"/> Memo Item | |
| C | C00508804 | | | | | | | | | | | | | | |
| Transaction ID : SB23.9569 | | | | | | | | | | | | | | | |
| Amount of Each Disbursement this Period | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">500.00</td> </tr> </table> | 500.00 | | | | | | | | | | | | | | |
| 500.00 | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Memo Item | | | | | | | | | | | | | | | |
| City PHOENIX | State AZ | Zip Code 85011 | | | | | | | | | | | | | |
| Purpose of Disbursement Contribution | | Category/ Type | | | | | | | | | | | | | |
| Candidate Name | | Office Sought: <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> House</td> <td rowspan="3" style="padding-left: 20px;">Disbursement For: 2024</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> Senate</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> President</td> </tr> </table> | <input type="checkbox"/> House | Disbursement For: 2024 | <input checked="" type="checkbox"/> Senate | <input type="checkbox"/> President | | | | | | | | | |
| <input type="checkbox"/> House | Disbursement For: 2024 | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> Senate | | | | | | | | | | | | | | | |
| <input type="checkbox"/> President | | | | | | | | | | | | | | | |
| State: AZ District: 09 | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"><input checked="" type="checkbox"/> Primary</td> <td style="border: 1px solid black; text-align: center;"><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2" style="border: 1px solid black; text-align: center;"> <input type="checkbox"/> Other (specify) ▼ </td> </tr> </table> | | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | |
| <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> General | | | | | | | | | | | | | | |
| <input type="checkbox"/> Other (specify) ▼ | | | | | | | | | | | | | | | |

| | | | |
|--|---|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">3500.00</td> </tr> </table> </td> </tr> </table> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">3500.00</td> </tr> </table> | 3500.00 |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;">3500.00</td> </tr> </table> | 3500.00 | | |
| 3500.00 | | | |
| TOTAL This Period (last page this line number only).....▶ | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table> </td> </tr> </table> | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table> | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; text-align: center;"> </td> </tr> </table> | | | |
| | | | |

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. SINEMA FOR ARIZONA

Mailing Address PO BOX 7586

City
PHOENIX

State
AZ

Zip Code
85011

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: AZ District: 09

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 1 | 8 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00508804

Transaction ID : SB23.9571

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. STEIL FOR WISCONSIN, INC.

Mailing Address 1818 MILTON AVENUE #1448

City
JANESVILLE

State
WI

Zip Code
53545

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2020
 Primary General
 Other (specify)

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 2 | | 1 | 1 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00677286

Transaction ID : SB23.9572

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. STEIL FOR WISCONSIN, INC.

Mailing Address 1818 MILTON AVENUE #1448

City
JANESVILLE

State
WI

Zip Code
53545

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: WI District: 01

Disbursement For: 2020
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 3 | | 2 | 7 | | 2 | 0 | 1 | 9 |

FEC Identification Number

C C00677286

Transaction ID : SB23.9573

Amount of Each Disbursement this Period

1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

3500.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

| | | | | |
|------------------------------|------------------------------|--|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 26 | <input type="checkbox"/> 27 |
| <input type="checkbox"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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NAME OF COMMITTEE (In Full)

CUNA Mutual Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER RD

City
CHARLESTON

State
SC

Zip Code
29407

Purpose of Disbursement
Contribution

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: SC District: 00

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 02 | | 05 | | 2019 |

FEC Identification Number

C C00540302

Transaction ID : SB23.9568

Amount of Each Disbursement this Period

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:
 House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| | | | | |

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

1000.00

TOTAL This Period (last page this line number only)..... ▶

30000.00