

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

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

2. **FEC IDENTIFICATION NUMBER** C00402107
3. IS THIS REPORT **NEW (N)** **OR** **AMENDED (A)**

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 01 01 2009 through 06 30 2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Christopher P. Roe

Signature of Treasurer Electronically Filed by Christopher P. Roe Date 07 07 2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		21306.04
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	21306.04									
(c) Total Receipts (from Line 19)	12730.08	12730.08								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	34036.12	34036.12								
7. Total Disbursements (from Line 31)	19141.00	19141.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14895.12	14895.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

CUNA Mutual Insurance Society 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)	11367.08	11367.08
(ii) Unitemized	1363.00	1363.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	12730.08	12730.08
(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)	12730.08	12730.08
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 Transfer (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))	12730.08	12730.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12730.08	12730.08

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	19141.00	19141.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	19141.00	19141.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19141.00	19141.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	12730.08	12730.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12730.08	12730.08
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 / 23
	<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	

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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Christopher Abely		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 6 East Wharf Road		Transaction ID: SA11AI.4867		
	City Madison	State CT	Zip Code 06443	Amount of Each Receipt this Period 360.00	
	FEC ID number of contributing federal political committee. C		\$30/biweekly		
	Name of Employer CUNA Mutual Group	Occupation SVP - Sales	Aggregate Year-to-Date 360.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Susan J. Albrecht		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 615 W. Main #309		Transaction ID: SA11AI.4877		
	City Madison	State WI	Zip Code 53703	Amount of Each Receipt this Period 550.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly (\$300) + One-Time Check (\$250)		
	Name of Employer CUNA Mutual Group	Occupation SVP, International	Aggregate Year-to-Date 550.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) James S. Buchheim		Date of Receipt MM / DD / YYYY 06 / 30 / 2009		
	Mailing Address 4598 Autumn Blaze Trail		Transaction ID: SA11AI.4862		
	City DeForest	State WI	Zip Code 53532	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer CUNA Mutual Group	Occupation VP - PR & Communications	Aggregate Year-to-Date 300.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

SUBTOTAL of Receipts This Page (optional)	▶	1210.00
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 / 23
	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Michael T. Defnet	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 8315 Flagstone Drive	Transaction ID: SA11AI.4855
	City State Zip Code Madison WI 53719	Amount of Each Receipt this Period 450.00
	FEC ID number of contributing federal political committee. C	\$50/monthly
Name of Employer CUNA Mutual Insurance Society	Occupation SVP, Distribution Support	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

B.	Full Name (Last, First, Middle Initial) Thomas R. Eckert	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2612 Waunona Way	Transaction ID: SA11AI.4853
	City State Zip Code Madison WI 53713	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$25/biweekly
Name of Employer CUNA Mutual Group	Occupation VP - Retirement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Jill Estep	Date of Receipt MM / DD / YYYY 04 / 20 / 2009
	Mailing Address 15 E. Lawrence Road	Transaction ID: SA11AI.4891
	City State Zip Code Phoenix AZ 85012	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Check
Name of Employer CUNA Mutual Group	Occupation VP Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	1000.00
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: PAGE 8 / 23
(check only one)

<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) David M. Foster</p> <p>Mailing Address 9125 Blackhawk Road</p> <p>City State Zip Code Middleton WI 53562</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CUNA Mutual Group VP, Product Sales Distribution</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: SA11AI.4883</p> <p>Amount of Each Receipt this Period 240.00</p> <p>\$20/biweekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Jon G. Furlow</p> <p>Mailing Address 717 Oneida Place</p> <p>City State Zip Code Madison WI 53711</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CUNA Mutual Group VP, Office of General Counsel</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: SA11AI.4887</p> <p>Amount of Each Receipt this Period 300.00</p> <p>\$25/biweekly</p>
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<p>C. Full Name (Last, First, Middle Initial) Mary E. Hoffmann</p> <p>Mailing Address 7439 Meadow Valley Rd</p> <p>City State Zip Code Middleton WI 53562</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Members Capital Advisors VP, Finance & Opns</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 240.00</p>	<p>Date of Receipt 06 / 30 / 2009</p> <p>Transaction ID: SA11AI.4863</p> <p>Amount of Each Receipt this Period 240.00</p> <p>\$20/biweekly</p>
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SUBTOTAL of Receipts This Page (optional)	780.00
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 / 23
	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) William J. Jolicoeur, III	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2133 Hillsdale	Transaction ID: SA11AI.4852
	City State Zip Code Shelby MI 48316	Amount of Each Receipt this Period 297.00
	FEC ID number of contributing federal political committee. C	\$33/biweekly 5/1/09 Terminated Employment
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Individ. P&C Products	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 297.00	

B.	Full Name (Last, First, Middle Initial) Daniel K. Kaiser	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address N8880 Blue Vista Lane	Transaction ID: SA11AI.4861
	City State Zip Code New Glarus WI 53774	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	\$20/biweekly
Name of Employer CUNA Mutual Group	Occupation VP - Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

C.	Full Name (Last, First, Middle Initial) Randy P. Kohout	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 5588 Polo Ridge	Transaction ID: SA11AI.4874
	City State Zip Code Westport WI 53597	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. C	\$20/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Organizational Capability	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	777.00
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: PAGE 10 / 23
(check only one)

<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Stephen W. Koslow

Mailing Address N53 W16098 Waldens Pass

City State Zip Code
Menomonee Falls WI 53051

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

Name of Employer Occupation
CUNA Mutual Group SVP - Chief Ethics & Compliance Office

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4888

Amount of Each Receipt this Period
300.00

\$25/biweekly

B.

Full Name (Last, First, Middle Initial)
Kevin T. Lentz

Mailing Address 1023 Carib Court

City State Zip Code
Verona WI 53593

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

Name of Employer Occupation
CUNA Mutual Insurance Soc- SVP, Member Products
iety

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period
600.00

\$50/biweekly

C.

Full Name (Last, First, Middle Initial)
Kurt Lin

Mailing Address 99013 Settlers Road

City State Zip Code
Madison WI 53717

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

Name of Employer Occupation
CUNA Mutual Group Managing Director, MCA

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
480.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4879

Amount of Each Receipt this Period
480.00

\$40/biweekly

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: PAGE 11 / 23
(check only one)

<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)
Thomas J. Martorana

Mailing Address 910 Winding Way

City Middleton State WI Zip Code 53562

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

Name of Employer CUNA Mutual Group Occupation SVP, Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.4885

Amount of Each Receipt this Period 300.00

\$25/biweekly

B.

Full Name (Last, First, Middle Initial)
Thomas J. Merfeld

Mailing Address 3088 Edenberry St.

City Fitchburg State WI Zip Code 53711

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

Name of Employer CUNA Mutual Insurance Society Occupation Chief Risk Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.4859

Amount of Each Receipt this Period 360.00

\$30/biweekly

C.

Full Name (Last, First, Middle Initial)
James Metz

Mailing Address 3908 Meridian Circle

City Verona State WI Zip Code 53593

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

Name of Employer CUNA Mutual Group Occupation SVP, Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2009

Transaction ID: SA11AI.4882

Amount of Each Receipt this Period 480.00

\$40/biweekly

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 12 / 23
	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial)
Andrew J. Michie

Mailing Address 1453 Starr Grass Dr

City State Zip Code
Madison WI 53719

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

Name of Employer Occupation
CUNA Mutual Insurance Society VP, Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4869
Amount of Each Receipt this Period: 240.00
\$20/biweekly

B. Full Name (Last, First, Middle Initial)
Faye Patzner

Mailing Address 4473 Shooting Star Avenue

City State Zip Code
Middleton WI 53562

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

Name of Employer Occupation
CUNA Mutual Group SVP, Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4856
Amount of Each Receipt this Period: 420.00
\$35/biweekly

C. Full Name (Last, First, Middle Initial)
James M. Power

Mailing Address 9810 Red Sky Drive

City State Zip Code
Middleton WI 53562

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

Name of Employer Occupation
CUNA Mutual Group SVP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4872
Amount of Each Receipt this Period: 480.00
\$40/biweekly

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 13 / 23
	<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	

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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Christopher P. Roe	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 2 Hawk Feather Cir	Transaction ID: SA11AI.4873
	City State Zip Code Madison WI 53717	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	\$50/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Special Projects	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Robert K. Rusch	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1424 Willow Trail	Transaction ID: SA11AI.4854
	City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	\$25/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP & Assoc. General Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Robert J. Schaffer, III	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 4523 Shooting Star	Transaction ID: SA11AI.4881
	City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 360.00
	FEC ID number of contributing federal political committee. C	\$30/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Cust Ops Ctr, Madison Site Ldr	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

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 14 / 23
	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) Alastair C. Shore		Date of Receipt
	Mailing Address 9125 Aspen Grove Lane		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	WI	53717
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4880
Name of Employer CUNA Mutual Group		Occupation Chief Underwriter	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 480.00
			\$40/biweekly

B.	Full Name (Last, First, Middle Initial) David L. Sweitzer		Date of Receipt
	Mailing Address 4209 Waban Hill		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Madison	WI	53711
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4857
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, Select Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
			\$25/biweekly

C.	Full Name (Last, First, Middle Initial) Delania K. Truly		Date of Receipt
	Mailing Address 521 Sunset Dr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Hurst	TX	76054
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4866
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, South Region	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00
			\$50/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1380.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 15 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial)
Robert N. Trunzo

Mailing Address 1044 Willow Drive

City State Zip Code
Delafield WI 53018

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

Name of Employer: CUNA Mutual Insurance Society
Occupation: EVP & Chief Sales Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.08

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4870
 Amount of Each Receipt this Period: 1000.08
 \$83.34/biweekly

B. Full Name (Last, First, Middle Initial)
Mark T. Warshauer

Mailing Address 6333 Stonefield Road

City State Zip Code
Middleton WI 53562

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

Name of Employer: CUNA Mutual Group
Occupation: VP, Asset Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4868
 Amount of Each Receipt this Period: 300.00
 \$25/biweekly

SUBTOTAL of Receipts This Page (optional) ► **1300.08**

TOTAL This Period (last page this line number only) ► **11367.08**

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"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE	Transaction ID: SB23.4794
	Mailing Address 101 Constitution Ave. NW Suite 700	Date of Disbursement MM / DD / YYYY 03 / 04 / 2009
	City Washington State DC Zip Code 20001	Amount of Each Disbursement this Period 1500.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BACHUS FOR CONGRESS COMMITTEE	Transaction ID: SB23.4813
	Mailing Address P.O. Box 131134	Date of Disbursement MM / DD / YYYY 04 / 07 / 2009
	City Birmingham State AL Zip Code 35213	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name SPENCER T. BACHUS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District: 06	

C.	Full Name (Last, First, Middle Initial) BALDWIN, TAMMY	Transaction ID: SB23.4775
	Mailing Address 119 MARTIN LUTHER KING JR BLVD 114	Date of Disbursement MM / DD / YYYY 01 / 12 / 2009
	City MADISON State WI Zip Code 53701	Amount of Each Disbursement this Period 141.00
	Purpose of Disbursement Contribution	Category/Type
	Candidate Name TAMMY BALDWIN	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: WI District: 02	

SUBTOTAL of Disbursements This Page (optional)	2141.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) BARNEY FRANK FOR CONGRESS COMMITTEE</p> <p>Mailing Address PO Box 260</p> <p>City Newtonville State MA Zip Code 02460</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: 04</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4836 Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) BOB CORKER FOR SENATE</p> <p>Mailing Address PO BOX 848</p> <p>City CHATTANOOGA State TN Zip Code 37401</p> <p>Purpose of Disbursement Contribution Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4839 Date of Disbursement 06 / 05 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS</p> <p>Mailing Address P.O. Box 9336</p> <p>City Fargo State ND Zip Code 58106</p> <p>Purpose of Disbursement Contribution Candidate Name EARL RALPH POMEROY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4797 Date of Disbursement 03 / 19 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional)	2000.00
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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) FRIENDS OF SCHUMER	Transaction ID: SB23.4782 Date of Disbursement																			
	Mailing Address 509 MADISON AVE SUITE 1902	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	2		2	0	0	9												
	City NEW YORK State NY Zip Code 10022	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CHARLES E SCHUMER	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 00	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) GRASSLEY COMMITTEE INC	Transaction ID: SB23.4778 Date of Disbursement																			
	Mailing Address PO BOX 1000	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	2		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		0	2		2	0	0	9												
	City DES MOINES State IA Zip Code 50304	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>1000.00</td></tr></table>	1000.00																		
1000.00																					
	Candidate Name CHARLES E GRASSLEY	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) JIM HIMES FOR CONGRESS	Transaction ID: SB23.4847 Date of Disbursement																			
	Mailing Address 857 Post Road, #312 BOX 456	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
	City Fairfield State CT Zip Code 06824	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name	Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) KAGEN 4 CONGRESS	Transaction ID: SB23.4800 Date of Disbursement
	Mailing Address 100 W. College Ave. 50 D	<input type="text" value="03"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City Appleton State WI Zip Code 54911	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name STEVEN L KAGEN	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) KIND FOR CONGRESS COMMITTEE	Transaction ID: SB23.4842 Date of Disbursement
	Mailing Address 205 5th Avenue South Suite 428	<input type="text" value="06"/> / <input type="text" value="08"/> / <input type="text" value="2009"/>
	City La Crosse State WI Zip Code 54601	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="500.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 03	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) LUCAS FOR CONGRESS	Transaction ID: SB23.4818 Date of Disbursement
	Mailing Address Post Office Box 1726	<input type="text" value="04"/> / <input type="text" value="28"/> / <input type="text" value="2009"/>
	City Oklahoma City State OK Zip Code 73101	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 03	Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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)

PAGE 20 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

<p>A. Full Name (Last, First, Middle Initial) MELISSA BEAN FOR CONGRESS</p> <p>Mailing Address PO BOX 3068</p> <p>City BARRINGTON State IL Zip Code 60010</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: IL District: 08</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4844</p> <p>Date of Disbursement 06 / 11 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) MIKE CRAPO FOR US SENATE</p> <p>Mailing Address P.O. BOX 1948</p> <p>City BOISE State ID Zip Code 83701</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: ID District: 00</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4827</p> <p>Date of Disbursement 05 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2000.00</p>
<p>C. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS</p> <p>Mailing Address PO BOX 16646</p> <p>City MILWAUKEE State WI Zip Code 53216</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name GWENDOLYNNE MOORE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WI District: 04</p> <p>Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4790</p> <p>Date of Disbursement 02 / 20 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.	Full Name (Last, First, Middle Initial) NELSON, E BENJAMIN	Transaction ID: SB23.4808 Date of Disbursement 03 / 26 / 2009
	Mailing Address 9738 FIELDCREST	Amount of Each Disbursement this Period 2000.00
	City OMAHA State NE Zip Code 68114	
	Purpose of Disbursement Contribution Candidate Name E BENJAMIN NELSON Category/Type	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) PENNSYLVANIANS FOR KANJORSKI	Transaction ID: SB23.4821 Date of Disbursement 05 / 04 / 2009
	Mailing Address 103 South Hanover Street	Amount of Each Disbursement this Period 1000.00
	City Nanticoke State PA Zip Code 18634	
	Purpose of Disbursement Contribution Candidate Name Category/Type	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11 Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) ROYCE, ED MR	Transaction ID: SB23.4786 Date of Disbursement 02 / 13 / 2009
	Mailing Address P.O. Box 2525	Amount of Each Disbursement this Period 1000.00
	City Orange State CA Zip Code 92859	
	Purpose of Disbursement Contribution Candidate Name Category/Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A. Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4824 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
B. Full Name (Last, First, Middle Initial) SCOTT GARRETT FOR CONGRESS <hr/> Mailing Address P.O. Box 905 <hr/> City Newton State NJ Zip Code 07860 Purpose of Disbursement Contribution Candidate Name Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 05 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4833 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 1000.00
C. Full Name (Last, First, Middle Initial) TAMMY BALDWIN FOR CONGRESS <hr/> Mailing Address P.O. Box 696 <hr/> City Madison State WI Zip Code 53701 Purpose of Disbursement Contribution Candidate Name TAMMY BALDWIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 02 Disbursement For: 2009 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4804 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 4 / 2 0 0 9
	Amount of Each Disbursement this Period 500.00

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)

PAGE 23 / 23

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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 Insurance Society Political Action Committee (CUNA Mutual PAC)

A.

Full Name (Last, First, Middle Initial)

TIBERI FOR CONGRESS

Transaction ID: SB23.4830

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	0	9

Mailing Address 2021 E Dublin Granville Road
Suite 2000

City State Zip Code
Columbus OH 43229

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: 2009
 Primary General
 Other (specify) ▼

State: OH District: 12

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

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

19141.00
