

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|                                                                                                                              |                                                                                                                     |                                                    |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| 1. (a) Name of Individual, Organization or Corporation<br><b>IOWA CREDIT UNION LEAGUE</b>                                    |                                                                                                                     | 3. FEC Identification Number<br><b>C</b> C90013574 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>1500 NW 118TH STREET |                                                                                                                     |                                                    |
| (c) City, State and ZIP Code<br>DES MOINES IA 50325                                                                          |                                                                                                                     |                                                    |
| 2. <b>Corporate filers only</b>                                                                                              | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |                                                    |
| <b>Individual filers only</b>                                                                                                | Name of Employer                                                                                                    | Occupation                                         |

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report  
 24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 10  | / | 08  | / | 2012    |

THROUGH

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 12  | / | 31  | / | 2012    |

6. TOTAL CONTRIBUTIONS ..... 56600.87

7. TOTAL INDEPENDENT EXPENDITURES ..... .00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

|                                                     |                                             |             |
|-----------------------------------------------------|---------------------------------------------|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>                            | <b>DATE</b> |
| Murphy Jon                                          | <i>Murphy Jon</i><br>[Electronically Filed] | 05/13/2013  |

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

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 FILER (In Full)  
IOWA CREDIT UNION LEAGUE

|                                                                               |          |                |                                                                  |  |  |
|-------------------------------------------------------------------------------|----------|----------------|------------------------------------------------------------------|--|--|
| <b>A. Full Name (Last, First, Middle Initial)</b><br>Iowa Credit Union League |          |                | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y<br>10 / 08 / 2012 |  |  |
| Mailing Address 1500 NW 118th Street                                          |          |                | <b>Transaction ID : F56.000001</b>                               |  |  |
| City West Des Moines                                                          | State IA | Zip Code 50325 | Amount of Each Receipt this Period<br>56600.87                   |  |  |
| FEC ID number of contributing federal political committee. C C90013574        |          |                |                                                                  |  |  |
| Name of Employer                                                              |          |                | Occupation                                                       |  |  |

|                                                              |       |          |                                                |  |  |
|--------------------------------------------------------------|-------|----------|------------------------------------------------|--|--|
| <b>B. Full Name (Last, First, Middle Initial)</b>            |       |          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y |  |  |
| Mailing Address                                              |       |          |                                                |  |  |
| City                                                         | State | Zip Code | Amount of Each Receipt this Period             |  |  |
| FEC ID number of contributing federal political committee. C |       |          |                                                |  |  |
| Name of Employer                                             |       |          | Occupation                                     |  |  |

|                                                              |       |          |                                                |  |  |
|--------------------------------------------------------------|-------|----------|------------------------------------------------|--|--|
| <b>C. Full Name (Last, First, Middle Initial)</b>            |       |          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y |  |  |
| Mailing Address                                              |       |          |                                                |  |  |
| City                                                         | State | Zip Code | Amount of Each Receipt this Period             |  |  |
| FEC ID number of contributing federal political committee. C |       |          |                                                |  |  |
| Name of Employer                                             |       |          | Occupation                                     |  |  |

|                                                              |       |          |                                                |  |  |
|--------------------------------------------------------------|-------|----------|------------------------------------------------|--|--|
| <b>D. Full Name (Last, First, Middle Initial)</b>            |       |          | Date of Receipt<br>M M M / D D D / Y Y Y Y Y Y |  |  |
| Mailing Address                                              |       |          |                                                |  |  |
| City                                                         | State | Zip Code | Amount of Each Receipt this Period             |  |  |
| FEC ID number of contributing federal political committee. C |       |          |                                                |  |  |
| Name of Employer                                             |       |          | Occupation                                     |  |  |

|                                                                    |          |
|--------------------------------------------------------------------|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 56600.87 |
| <b>TOTAL</b> This Period (last page carry total to Line 6) ..... ▶ | 56600.87 |