

# 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 (12S)  
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 07 01 2010 through 09 30 2010

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 11 09 2010

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		12207.20
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	4086.28									
(c) Total Receipts (from Line 19) .....	7985.04	26656.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	12071.32	38863.32								
7. Total Disbursements (from Line 31) .....	8050.00	34842.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	4021.32	4021.32								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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) .....	7090.04	20130.12
(ii) Unitemized .....	895.00	6526.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	7985.04	26656.12
(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) .....	7985.04	26656.12
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)) .....	7985.04	26656.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	7985.04	26656.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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	42.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	42.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7050.00	33800.00
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.....	1000.00	1000.00
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))..	8050.00	34842.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8050.00	34842.00

**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) .....	7985.04	26656.12
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7985.04	26656.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	42.00
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	42.00

**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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Christopher Abely		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 6 East Wharf Road		<b>Transaction ID:</b> SA11AI.5235		
	City Madison	State CT	Zip Code 06443	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C		\$30/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation SVP - Sales	Aggregate Year-to-Date 540.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Susan J. Albrecht		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 615 W. Main #309		<b>Transaction ID:</b> SA11AI.5236		
	City Madison	State WI	Zip Code 53703	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation SVP, International	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) James S. Buchheim		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 4598 Autumn Blaze Trail		<b>Transaction ID:</b> SA11AI.5239		
	City DeForest	State WI	Zip Code 53532	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. C		\$25/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation VP - PR & Communications	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	480.00
<b>TOTAL</b> 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: <input 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	PAGE 7 / 23
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NAME OF COMMITTEE (In Full)  
CUNA Mutual Insurance Society Political Action Committee (CUNA Mutual PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Michael T. Defnet	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 8315 Flagstone Drive	<b>Transaction ID:</b> SA11AI.5241
	City State Zip Code Madison WI 53719	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$40/biweekly
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 ▼ 720.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas R. Eckert	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2612 Waunona Way	<b>Transaction ID:</b> SA11AI.5244
	City State Zip Code Madison WI 53713	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$25/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP - Retirement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 450.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David M. Foster	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9125 Blackhawk Road	<b>Transaction ID:</b> SA11AI.5245
	City State Zip Code Middleton WI 53562	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$20/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP, Product Sales Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> 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 / 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)**

<b>A.</b>	Full Name (Last, First, Middle Initial) Jon G. Furlow		Date of Receipt
	Mailing Address 717 Oneida Place		<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 09 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.5246</b>
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Office of General Counsel	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 ▼ 450.00	<input type="text"/> 150.00
			\$25/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy L. Graham		Date of Receipt
	Mailing Address 5618 Sandhill 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 09 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.5247</b>
Name of Employer CUNA Mutual Insurance Society		Occupation SVP & Chief Actuary	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 ▼ 515.00	<input type="text"/> 180.00
			\$30/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Mary E. Hoffmann		Date of Receipt
	Mailing Address 7439 Meadow Valley Rd		<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 09 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID: SA11AI.5248</b>
Name of Employer CUNA Mutual Insurance Society		Occupation VP, Finance & Opns	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 ▼ 360.00	<input type="text"/> 120.00
			\$20/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 450.00
<b>TOTAL</b> 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 9 / 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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<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)  
Daniel K. Kaiser

Mailing Address N8880 Blue Vista Lane

City State Zip Code  
New Glarus WI 53774

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

Name of Employer Occupation  
CUNA Mutual Insurance Soc- VP - Sales  
iety

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11AI.5250

Amount of Each Receipt this Period  
120.00

\$20/biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Reid A. Koenig

Mailing Address 1611 12th St NW

City State Zip Code  
Waverly IA 50677

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

Name of Employer Occupation  
CUNA Mutual Life Insurance VP, Customer Operations  
Co.

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11AI.5252

Amount of Each Receipt this Period  
90.00

\$15/biweekly

**C.**

Full Name (Last, First, Middle Initial)  
Randy P. Kohout

Mailing Address 5588 Polo Ridge

City State Zip Code  
Westport WI 53597

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

Name of Employer Occupation  
CUNA Mutual Insurance Soc- VP, Organizational Capability  
iety

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
360.00

Date of Receipt  
MM / DD / YYYY  
09 / 30 / 2010

**Transaction ID:** SA11AI.5253

Amount of Each Receipt this Period  
120.00

\$20/biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► **330.00**

**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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephen W. Koslow		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address N53 W16098 Waldens Pass		<b>Transaction ID:</b> SA11AI.5254		
	City Menomonee Falls	State WI	Zip Code 53051	Amount of Each Receipt this Period 150.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$25/biweekly		
Name of Employer CUNA Mutual Insurance Society		Occupation SVP - Chief Ethics & Compliance Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Timothy K. Kovac		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 7610 Midtown Road #311		<b>Transaction ID:</b> SA11AI.5255		
	City Madison	State WI	Zip Code 53719	Amount of Each Receipt this Period 90.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$15/biweekly		
Name of Employer CUNA Mutual Group		Occupation Director, Corp. & Legislative Affairs			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah F Kretchmar		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 817 Stagecoach Trail		<b>Transaction ID:</b> SA11AI.5256		
	City Madison	State WI	Zip Code 53717	Amount of Each Receipt this Period 120.00	
	FEC ID number of contributing federal political committee. <b>C</b>		\$20/biweekly		
Name of Employer CUNA Mutual Group		Occupation Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>360.00</b>
<b>TOTAL</b> 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 / 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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Stephan Largent		Date of Receipt
	Mailing Address 6718 Ramsey Road		<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 09 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5257
Name of Employer CUNA Mutual Group		Occupation VP	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"/> 90.00
			\$15/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Kevin T. Lentz		Date of Receipt
	Mailing Address 1023 Carib Court		<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 09 / 30 / 2010
	City	State	Zip Code
	Verona	WI	53593
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5258
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation SVP, Member Products	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
			\$50/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Kurt Lin		Date of Receipt
	Mailing Address 99013 Settlers Road		<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 09 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53717
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5259
Name of Employer MEMBERS Capital Advisors		Occupation Managing Director, MCA	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"/> 240.00
			\$40/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 630.00
<b>TOTAL</b> 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: (check only one)	PAGE 12 / 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) David P. Marks		Date of Receipt
	Mailing Address 11 Richmond Road		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	West Hartford	CT	06117
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5260
Name of Employer Members Capital Advisors		Occupation EVP & Chief Investment Off.	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" value="720.00"/>	<input type="text" value="240.00"/>
			\$40/biweekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Thomas J. Martorana		Date of Receipt
	Mailing Address 910 Winding Way		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Middleton	WI	53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5261
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation SVP, Operations	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" value="450.00"/>	<input type="text" value="150.00"/>
			\$25/biweekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Thomas J. Merfeld		Date of Receipt
	Mailing Address 3088 Edenberry St.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Fitchburg	WI	53711
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5265
Name of Employer MEMBERS Capital Advisors		Occupation Chief Risk Officer	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" value="540.00"/>	<input type="text" value="180.00"/>
			\$30/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="570.00"/>
<b>TOTAL</b> 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: (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

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

<b>A.</b>	Full Name (Last, First, Middle Initial) James Metz		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 3908 Meridian Circle		<b>Transaction ID:</b> SA11AI.5266
	City Verona	State WI	Zip Code 53593
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00
	Name of Employer MEMBERS Capital Advisors	Occupation SVP, Asset Management	\$40/biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00
---	------------------------------------

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew J. Michie		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1453 Starr Grass Dr		<b>Transaction ID:</b> SA11AI.5267
	City Madison	State WI	Zip Code 53719
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00
	Name of Employer CUNA Mutual Insurance Soc- iety	Occupation VP, Internal Audit	\$20/biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00
---	------------------------------------

<b>C.</b>	Full Name (Last, First, Middle Initial) Timothy A Murwin		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 6535 Kimberly Way		<b>Transaction ID:</b> SA11AI.5268
	City DeForest	State WI	Zip Code 53532
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer CUNA Mutual Group	Occupation Officer	\$25/biweekly

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00
---	------------------------------------

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>510.00</b>
<b>TOTAL</b> 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"/> 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Andre Napoli		Date of Receipt
	Mailing Address 9701 Trappers Trail		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Middleton	State WI	Zip Code 53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5269
	Name of Employer CUNA Mutual Insurance Society		Occupation EVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="200.00"/> \$50/biweekly	
Aggregate Year-to-Date ▼		<input type="text" value="500.00"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Faye Patzner		Date of Receipt
	Mailing Address 4473 Shooting Star Avenue		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Middleton	State WI	Zip Code 53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5271
	Name of Employer CUNA Mutual Insurance Society		Occupation SVP, Legal
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="210.00"/> \$35/biweekly	
Aggregate Year-to-Date ▼		<input type="text" value="630.00"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Gerald Pavelich		Date of Receipt
	Mailing Address 4889 Champions Run		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Middleton	State WI	Zip Code 53562
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5272
	Name of Employer CUNA Mutual Insurance Society		Occupation EVP
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Amount of Each Receipt this Period <input type="text" value="300.00"/> \$50/biweekly	
Aggregate Year-to-Date ▼		<input type="text" value="600.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="710.00"/>
<b>TOTAL</b> 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)

<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><b>A.</b> Full Name (Last, First, Middle Initial) Jeffrey A Peterson</p> <p>Mailing Address 1403 Tierney Drive</p> <p>City State Zip Code Wauwaukee WI 53597</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CUNA Mutual Group Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">260.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5273</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">120.00</span></p> <p>\$20/biweekly</p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) James M. Power</p> <p>Mailing Address 9810 Red Sky Drive</p> <p>City State Zip Code Middleton WI 53562</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CUNA Mutual Insurance Soc- SVP, Sales iety</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">720.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5275</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">240.00</span></p> <p>\$40/biweekly</p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Christopher P. Roe</p> <p>Mailing Address 2 Hawk Feather Cir</p> <p>City State Zip Code Madison WI 53717</p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer Occupation CUNA Mutual Insurance Soc- VP, Special Projects iety</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">900.00</span></p>	<p>Date of Receipt <span style="border: 1px solid black; padding: 2px;">09 / 30 / 2010</span></p> <p><b>Transaction ID:</b> SA11AI.5276</p> <p>Amount of Each Receipt this Period <span style="border: 1px solid black; padding: 2px;">300.00</span></p> <p>\$50/biweekly</p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">660.00</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

**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 / 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert K. Rusch	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1424 Willow Trail	<b>Transaction ID:</b> SA11AI.5278
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$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 450.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Alastair C. Shore	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9125 Aspen Grove Lane	<b>Transaction ID:</b> SA11AI.5281
	City Madison State WI Zip Code 53717	Amount of Each Receipt this Period 240.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$40/biweekly
	Name of Employer CUNA Mutual Insurance Society Occupation Chief Underwriter Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 720.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Leslie Svoboda	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 913 Winding Way	<b>Transaction ID:</b> SA11AI.5282
	City Middleton State WI Zip Code 53562	Amount of Each Receipt this Period 150.00
	FEC ID number of contributing federal political committee. <b>C</b>	\$25/biweekly
	Name of Employer CUNA Mutual Group Occupation VP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>540.00</b>
<b>TOTAL</b> 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 / 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)  
David L. Sweitzer

Mailing Address 4209 Waban Hill

City Madison State WI Zip Code 53711

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

Name of Employer CUNA Mutual Insurance Society Occupation VP, Select Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5283

Amount of Each Receipt this Period 150.00

\$25/biweekly

**B.** Full Name (Last, First, Middle Initial)  
Delania K. Truly

Mailing Address 521 Sunset Dr.

City Hurst State TX Zip Code 76054

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

Name of Employer CUNA Mutual Insurance Society Occupation VP, South Region

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5284

Amount of Each Receipt this Period 300.00

\$50/biweekly

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

Mailing Address 1044 Willow Drive

City Delafield State WI Zip Code 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 ▼ 1500.12

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5285

Amount of Each Receipt this Period 500.04

\$83.34/biweekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 950.04

**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 18 / 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)  
Mark T. Warshauer

Mailing Address 6333 Stonefield Road

City Middleton State WI Zip Code 53562

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

Name of Employer CUNA Mutual Insurance Society Occupation VP, Asset Management

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5288

Amount of Each Receipt this Period 150.00

\$25/biweekly

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Webber

Mailing Address 601 Ondossagon Way

City Madison State WI Zip Code 53719

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

Name of Employer CUNA Mutual Group Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 440.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5289

Amount of Each Receipt this Period 240.00

\$40/biweekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>390.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7090.04</b>

# 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) <b>AMERICAN SOCIETY OF PENSION PROFESSIONALS &amp; ACTUARIES PAC</b> Mailing Address 4245 N Fairfax Drive Suite 750 City Arlington State VA Zip Code 22203 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.5324</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 2 / 2 0 1 0	Amount of Each Disbursement this Period 300.00
<b>B.</b>	Full Name (Last, First, Middle Initial) <b>ED ROYCE FOR CONGRESS</b> Mailing Address P.O. Box 2525 City Orange State CA Zip Code 92859 Purpose of Disbursement Contribution Candidate Name ED MR ROYCE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.5290</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 0 1 / 2 0 1 0	Amount of Each Disbursement this Period 1000.00
<b>C.</b>	Full Name (Last, First, Middle Initial) <b>ERIK PAULSEN FOR CONGRESS</b> Mailing Address P.O. BOX 44369 City EDEN PRAIRIE State MN Zip Code 55347 Purpose of Disbursement Contribution Candidate Name ERIK PAULSEN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 03 Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID: SB23.5302</b> Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 2 / 2 0 1 0	Amount of Each Disbursement this Period 500.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1800.00</b>
<b>TOTAL</b> 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)

<p><b>A.</b> Full Name (Last, First, Middle Initial) FRIENDS OF STEVE POGNET</p> <p>Mailing Address 1212 S VICTORY BLVD</p> <p>City BURBANK State CA Zip Code 91502</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name STEPHEN P POGNET</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5311</p> <p>Date of Disbursement 08 / 17 / 2010</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) JACKIE SPEIER FOR CONGRESS</p> <p>Mailing Address Post Office Box 112</p> <p>City Burlingame State CA Zip Code 94011</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name JACKIE SPEIER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 12</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5314</p> <p>Date of Disbursement 08 / 26 / 2010</p> <p>Amount of Each Disbursement this Period 250.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) MARCO RUBIO FOR US SENATE</p> <p>Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105</p> <p>City CORAL GABLES State FL Zip Code 33134</p> <p>Purpose of Disbursement Contribution</p> <p>Candidate Name MARCO RUBIO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 00</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.5317</p> <p>Date of Disbursement 09 / 23 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

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

1750.00

**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) MELISSA BEAN FOR CONGRESS	Transaction ID: SB23.5299
	Mailing Address PO BOX 3068	Date of Disbursement 09 / 09 / 2010
	City BARRINGTON State IL Zip Code 60010	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name MELISSA LUBURICH BEAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 08	Category/Type
	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS	Transaction ID: SB23.5308
	Mailing Address PO BOX 16646	Date of Disbursement 08 / 06 / 2010
	City MILWAUKEE State WI Zip Code 53216	Amount of Each Disbursement this Period 500.00
	Purpose of Disbursement Contribution Candidate Name GWENDOLYNNE MOORE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 04	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

C.	Full Name (Last, First, Middle Initial) PENNSYLVANIANS FOR KANJORSKI	Transaction ID: SB23.5296
	Mailing Address 103 South Hanover Street	Date of Disbursement 09 / 13 / 2010
	City Nanticoke State PA Zip Code 18634	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Contribution Candidate Name PAUL E. KANJORSKI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 11	Category/Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

**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)

<b>A.</b> Full Name (Last, First, Middle Initial) RYAN FOR CONGRESS <hr/> Mailing Address P. O. Box 1919 P. O. Box 1919 <hr/> City Janesville State WI Zip Code 53547 <hr/> Purpose of Disbursement Contribution Candidate Name PAUL D. RYAN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 01 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5305 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 1 4 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
<b>B.</b> Full Name (Last, First, Middle Initial) TIM JOHNSON FOR SOUTH DAKOTA INC <hr/> Mailing Address PO BOX 1536 <hr/> City SIOUX FALLS State SD Zip Code 57101 <hr/> Purpose of Disbursement Contribution Candidate Name TIM JOHNSON Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District: 00 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5293 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 8 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	7050.00

**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)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" 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)

Federation of Iowa Insurers PAC

Mailing Address 700 Walnut Street Suite 1600

City State Zip Code  
Des Moines IA 50309

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: SB29.5320

Date of Disbursement

<sup>M</sup> 0	<sup>M</sup> 7	/	<sup>D</sup> 2	<sup>D</sup> 7	/	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 1	<sup>Y</sup> 0
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Amount of Each Disbursement this Period

1000.00
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**SUBTOTAL** of Disbursements This Page (optional) .....

1000.00

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

1000.00