

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 10 07 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

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"><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 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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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)

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	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: PAGE 6 / 23
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
Mailing Address 6 East Wharf Road
City Madison State CT Zip Code 06443
FEC ID number of contributing federal political committee. **C**
Name of Employer CUNA Mutual Insurance Soc-ety Occupation SVP - Sales
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 540.00
Date of Receipt 09 / 30 / 2010
Transaction ID: SA11AI.5235
Amount of Each Receipt this Period 180.00
\$30/biweekly

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

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

SUBTOTAL of Receipts This Page (optional) ► 480.00
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 09 / 30 / 2010
	Mailing Address 8315 Flagstone Drive	Transaction ID: 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. C	\$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.	Full Name (Last, First, Middle Initial) Thomas R. Eckert	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 2612 Waunona Way	Transaction ID: 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. C	\$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	

C.	Full Name (Last, First, Middle Initial) David M. Foster	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 9125 Blackhawk Road	Transaction ID: 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. C	\$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	

SUBTOTAL of Receipts This Page (optional)	510.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 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) Jon G. Furlow		Date of Receipt
	Mailing Address 717 Oneida Place		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53711
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5246
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 ▼	<input type="text"/> 150.00
		<input type="text"/> 450.00	\$25/biweekly

B.	Full Name (Last, First, Middle Initial) Timothy L. Graham		Date of Receipt
	Mailing Address 5618 Sandhill Dr.		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Middleton	WI	53562
FEC ID number of contributing federal political committee.		<input type="text"/> C <input type="text"/>	Transaction ID: SA11AI.5247
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 ▼	<input type="text"/> 180.00
		<input type="text"/> 515.00	\$30/biweekly

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

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 450.00
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: (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) Daniel K. Kaiser	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address N8880 Blue Vista Lane	Transaction ID: SA11AI.5250
	City State Zip Code New Glarus WI 53774	Amount of Each Receipt this Period 120.00
	FEC ID number of contributing federal political committee. C	\$20/biweekly
Name of Employer CUNA Mutual Insurance Society	Occupation VP - Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

B.	Full Name (Last, First, Middle Initial) Reid A. Koenig	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 1611 12th St NW	Transaction ID: SA11AI.5252
	City State Zip Code Waverly IA 50677	Amount of Each Receipt this Period 90.00
	FEC ID number of contributing federal political committee. C	\$15/biweekly
Name of Employer CUNA Mutual Life Insurance Co.	Occupation VP, Customer Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 270.00	

C.	Full Name (Last, First, Middle Initial) Randy P. Kohout	Date of Receipt MM / DD / YYYY 09 / 30 / 2010
	Mailing Address 5588 Polo Ridge	Transaction ID: SA11AI.5253
	City State Zip Code Westport WI 53597	Amount of Each Receipt this Period 120.00
	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 ▼ 360.00	

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)
 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)
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 Insurance Soc- SVP - Chief Ethics & Compliance Office
lety

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5254

Amount of Each Receipt this Period 150.00

\$25/biweekly

B. Full Name (Last, First, Middle Initial)
Timothy K. Kovac

Mailing Address 7610 Midtown Road #311

City State Zip Code
Madison WI 53719

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CUNA Mutual Group Director, Corp. & Legislative Affairs

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5255

Amount of Each Receipt this Period 90.00

\$15/biweekly

C. Full Name (Last, First, Middle Initial)
Deborah F Kretchmar

Mailing Address 817 Stagecoach Trail

City State Zip Code
Madison WI 53717

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
CUNA Mutual Group Officer

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt M M / D D / Y Y Y Y
09 / 30 / 2010

Transaction ID: SA11AI.5256

Amount of Each Receipt this Period 120.00

\$20/biweekly

SUBTOTAL of Receipts This Page (optional) 360.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 / 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)

A.	Full Name (Last, First, Middle Initial) Stephan Largent		Date of Receipt		
	Mailing Address 6718 Ramsey Road		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Middleton	State WI	Zip Code 53562	Transaction ID: SA11AI.5257	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 90.00		
	Name of Employer CUNA Mutual Group	Occupation VP	\$15/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 270.00			

B.	Full Name (Last, First, Middle Initial) Kevin T. Lentz		Date of Receipt		
	Mailing Address 1023 Carib Court		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Verona	State WI	Zip Code 53593	Transaction ID: SA11AI.5258	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00		
	Name of Employer CUNA Mutual Insurance Soc- iety	Occupation SVP, Member Products	\$50/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00			

C.	Full Name (Last, First, Middle Initial) Kurt Lin		Date of Receipt		
	Mailing Address 99013 Settlers Road		M M / D D / Y Y Y Y 09 / 30 / 2010		
	City Madison	State WI	Zip Code 53717	Transaction ID: SA11AI.5259	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00		
	Name of Employer MEMBERS Capital Advisors	Occupation Managing Director, MCA	\$40/biweekly		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

SUBTOTAL of Receipts This Page (optional)	630.00
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) David P. Marks		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 11 Richmond Road		Transaction ID: SA11AI.5260		
	City West Hartford	State CT	Zip Code 06117	Amount of Each Receipt this Period 240.00	
	FEC ID number of contributing federal political committee. C		\$40/biweekly		
	Name of Employer Members Capital Advisors	Occupation EVP & Chief Investment Off.			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 720.00			

B.	Full Name (Last, First, Middle Initial) Thomas J. Martorana		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 910 Winding Way		Transaction ID: SA11AI.5261		
	City Middleton	State WI	Zip Code 53562	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 Soc- iety	Occupation SVP, Operations			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

C.	Full Name (Last, First, Middle Initial) Thomas J. Merfeld		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 3088 Edenberry St.		Transaction ID: SA11AI.5265		
	City Fitchburg	State WI	Zip Code 53711	Amount of Each Receipt this Period 180.00	
	FEC ID number of contributing federal political committee. C		\$30/biweekly		
	Name of Employer MEMBERS Capital Advisors	Occupation Chief Risk Officer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 540.00			

SUBTOTAL of Receipts This Page (optional)	▶	570.00
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

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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) James Metz		Date of Receipt
	Mailing Address 3908 Meridian Circle		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Verona	WI	53593
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5266
Name of Employer MEMBERS Capital Advisors		Occupation SVP, Asset Management	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"/> 720.00	<input type="text"/> 240.00
			\$40/biweekly

B.	Full Name (Last, First, Middle Initial) Andrew J. Michie		Date of Receipt
	Mailing Address 1453 Starr Grass Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	Madison	WI	53719
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5267
Name of Employer CUNA Mutual Insurance Soc- iety		Occupation VP, Internal Audit	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"/> 360.00	<input type="text"/> 120.00
			\$20/biweekly

C.	Full Name (Last, First, Middle Initial) Timothy A Murwin		Date of Receipt
	Mailing Address 6535 Kimberly Way		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 30 / 2010
	City	State	Zip Code
	DeForest	WI	53532
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5268
Name of Employer CUNA Mutual Group		Occupation 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"/> 325.00	<input type="text"/> 150.00
			\$25/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 510.00
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 14 / 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)
Andre Napoli

Mailing Address 9701 Trappers Trail

City Middleton State WI Zip Code 53562

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

Name of Employer CUNA Mutual Insurance Society Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5269

Amount of Each Receipt this Period 200.00

\$50/biweekly

B.

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

Mailing Address 4473 Shooting Star Avenue

City Middleton State WI Zip Code 53562

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

Name of Employer CUNA Mutual Insurance Society Occupation SVP, Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 630.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5271

Amount of Each Receipt this Period 210.00

\$35/biweekly

C.

Full Name (Last, First, Middle Initial)
Gerald Pavelich

Mailing Address 4889 Champions Run

City Middleton State WI Zip Code 53562

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

Name of Employer CUNA Mutual Insurance Society Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 09 / 30 / 2010

Transaction ID: SA11AI.5272

Amount of Each Receipt this Period 300.00

\$50/biweekly

SUBTOTAL of Receipts This Page (optional) ▶ 710.00

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 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"/>		<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) Jeffrey A Peterson		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 1403 Tierney Drive		Transaction ID: SA11AI.5273
City Waunakee	State WI	Zip Code 53597
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 120.00
Name of Employer CUNA Mutual Group	Occupation Director	\$20/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

B.

Full Name (Last, First, Middle Initial) James M. Power		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 9810 Red Sky Drive		Transaction ID: SA11AI.5275
City Middleton	State WI	Zip Code 53562
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 240.00
Name of Employer CUNA Mutual Insurance Soc- iety	Occupation SVP, Sales	\$40/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 720.00	

C.

Full Name (Last, First, Middle Initial) Christopher P. Roe		Date of Receipt MM / DD / YYYY 09 / 30 / 2010
Mailing Address 2 Hawk Feather Cir		Transaction ID: SA11AI.5276
City Madison	State WI	Zip Code 53717
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer CUNA Mutual Insurance Soc- iety	Occupation VP, Special Projects	\$50/biweekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 900.00	

SUBTOTAL of Receipts This Page (optional)	▶	660.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 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) Robert K. Rusch		Date of Receipt
	Mailing Address 1424 Willow 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. C		Transaction ID: SA11AI.5278
	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 ▼ <input type="text" value="450.00"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/> \$25/biweekly

B.	Full Name (Last, First, Middle Initial) Alastair C. Shore		Date of Receipt
	Mailing Address 9125 Aspen Grove Lane		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City Madison	State WI	Zip Code 53717
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.5281
	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 ▼ <input type="text" value="720.00"/>	Amount of Each Receipt this Period <input type="text" value="240.00"/> \$40/biweekly

C.	Full Name (Last, First, Middle Initial) Leslie Svoboda		Date of Receipt
	Mailing Address 913 Winding Way		<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. C		Transaction ID: SA11AI.5282
	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 ▼ <input type="text" value="300.00"/>	Amount of Each Receipt this Period <input type="text" value="150.00"/> \$25/biweekly

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="540.00"/>
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: (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"/>		<input type="checkbox"/>	11c
<input type="checkbox"/>		<input type="checkbox"/>	12
<input type="checkbox"/>		<input type="checkbox"/>	15
<input type="checkbox"/>		<input type="checkbox"/>	16
<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) David L. Sweitzer		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 4209 Waban Hill		Transaction ID: SA11AI.5283		
	City Madison	State WI	Zip Code 53711	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, Select Sales	Aggregate Year-to-Date 450.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

B.	Full Name (Last, First, Middle Initial) Delania K. Truly		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 521 Sunset Dr.		Transaction ID: SA11AI.5284		
	City Hurst	State TX	Zip Code 76054	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C		\$50/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation VP, South Region	Aggregate Year-to-Date 900.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

C.	Full Name (Last, First, Middle Initial) Robert N. Trunzo		Date of Receipt MM / DD / YYYY 09 / 30 / 2010		
	Mailing Address 1044 Willow Drive		Transaction ID: SA11AI.5285		
	City Delafield	State WI	Zip Code 53018	Amount of Each Receipt this Period 500.04	
	FEC ID number of contributing federal political committee. C		\$83.34/biweekly		
	Name of Employer CUNA Mutual Insurance Society	Occupation EVP & Chief Sales Officer	Aggregate Year-to-Date 1500.12		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

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)
 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)
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

SUBTOTAL of Receipts This Page (optional) ► 390.00

TOTAL This Period (last page this line number only) ► 7090.04

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 SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC 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) ▼	Transaction ID: SB23.5324 Date of Disbursement 07 / 22 / 2010 Amount of Each Disbursement this Period 300.00 Category/Type
B.	Full Name (Last, First, Middle Initial) ED ROYCE FOR CONGRESS 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 checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5290 Date of Disbursement 07 / 01 / 2010 Amount of Each Disbursement this Period 1000.00 Category/Type
C.	Full Name (Last, First, Middle Initial) ERIK PAULSEN FOR CONGRESS 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) ▼	Transaction ID: SB23.5302 Date of Disbursement 07 / 12 / 2010 Amount of Each Disbursement this Period 500.00 Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶	1800.00
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 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)

A. Full Name (Last, First, Middle Initial)
FRIENDS OF STEVE POUGET

Mailing Address 1212 S VICTORY BLVD

City BURBANK State CA Zip Code 91502

Purpose of Disbursement
Contribution

Candidate Name
STEPHEN P POUGET

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 45

Transaction ID: SB23.5311

Date of Disbursement

08 / 17 / 2010

Amount of Each Disbursement this Period

500.00

B. Full Name (Last, First, Middle Initial)
JACKIE SPEIER FOR CONGRESS

Mailing Address Post Office Box 112

City Burlingame State CA Zip Code 94011

Purpose of Disbursement
Contribution

Candidate Name
JACKIE SPEIER

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: CA District: 12

Transaction ID: SB23.5314

Date of Disbursement

08 / 26 / 2010

Amount of Each Disbursement this Period

250.00

C. Full Name (Last, First, Middle Initial)
MARCO RUBIO FOR US SENATE

Mailing Address 2030 SOUTH DOUGLAS ROAD SUITE 105

City CORAL GABLES State FL Zip Code 33134

Purpose of Disbursement
Contribution

Candidate Name
MARCO RUBIO

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: FL District: 00

Transaction ID: SB23.5317

Date of Disbursement

09 / 23 / 2010

Amount of Each Disbursement this Period

1000.00

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)

<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 <hr/> Mailing Address PO BOX 3068 <hr/> City BARRINGTON State IL Zip Code 60010 <hr/> 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 Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5299 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 9 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) MOORE FOR CONGRESS <hr/> Mailing Address PO BOX 16646 <hr/> City MILWAUKEE State WI Zip Code 53216 <hr/> 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 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5308 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period 500.00
	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 <hr/> Mailing Address 103 South Hanover Street <hr/> City Nanticoke State PA Zip Code 18634 <hr/> 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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.5296 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input 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) ▶	(Empty box)

**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) 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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 01	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. 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 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: SD District: 00	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

SUBTOTAL of Disbursements This Page (optional)	▶	1500.00
TOTAL 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)

PAGE 23 / 23

<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

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)