

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines.

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

ADDRESS (number and street)

 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER ▼** **CITY ▲** **STATE ▲** **ZIP CODE ▲**

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 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- 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 / / through / /

04 / 01 / 2012 through 06 / 30 / 2012

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 Christopher P. Roe [Electronically Filed] Date / /

07 / 09 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		10766.52
(b) Cash on Hand at Beginning of Reporting Period.....	14030.56	
(c) Total Receipts (from Line 19)	12669.04	29933.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	26699.60	40699.60
7. Total Disbursements (from Line 31).....	17800.00	31800.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	8899.60	8899.60
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

Write or Type Committee Name

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

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9800.04	18830.08
(ii) Unitemized	2869.00	9103.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	12669.04	27933.08
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12669.04	27933.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12669.04	29933.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12669.04	29933.08

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16800.00	30800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	17800.00	31800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17800.00	31800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	12669.04	27933.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12669.04	27933.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 27
<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 Holding Company Political Action Committee (CUNA Mutual PAC)

A. Michael Anderson
Full Name (Last, First, Middle Initial)

Mailing Address 3309 Blackhawk Drive

City Madison	State WI	Zip Code 53707
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP, Associate General Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6114

Amount of Each Receipt this Period

150.00

\$25/biweekly

B. Michael Bosco
Full Name (Last, First, Middle Initial)

Mailing Address 5691 Ashboorne Lane

City Fitchburg	State WI	Zip Code 53711
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP - Product Executive ILH
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **245.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6040

Amount of Each Receipt this Period

210.00

\$35/biweekly

C. James S. Buchheim
Full Name (Last, First, Middle Initial)

Mailing Address 4598 Autumn Blaze Trail

City DeForest	State WI	Zip Code 53532
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP - PR & Communications
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6043

Amount of Each Receipt this Period

150.00

\$25/biweekly

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 7 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Jane Chesbro		Date of Receipt
Mailing Address 6572 Kimberly Way		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
DeForest	WI	53532
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CMFG Life Insurance Company	VP-Specialty Distribution	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="240.00"/>	
		Transaction ID : SA11AI.6044
		Amount of Each Receipt this Period
		<input type="text" value="120.00"/>
		\$20/biweekly

Full Name (Last, First, Middle Initial) B. Michael T. Defnet		Date of Receipt
Mailing Address 8315 Flagstone Drive		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Madison	WI	53719
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CMFG Life Insurance Company	SVP, Distribution Support	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="480.00"/>	
		Transaction ID : SA11AI.6049
		Amount of Each Receipt this Period
		<input type="text" value="240.00"/>
		\$40/biweekly

Full Name (Last, First, Middle Initial) C. Sean Dilweg		Date of Receipt
Mailing Address 311 South Mills Street		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Madison	WI	53715
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
CMFG Life Insurance Company	VP-Product Executive	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="300.00"/>	
		Transaction ID : SA11AI.6051
		Amount of Each Receipt this Period
		<input type="text" value="150.00"/>
		\$25/biweekly

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="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: (check only one)	PAGE 8 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Cami Douglas		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.6052
Mailing Address 7321 Westbourne Street		Amount of Each Receipt this Period 150.00 \$25/biweekly
City Madison	State WI	Zip Code 53719
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer CMFG Life Insurance Company	Occupation VP-Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Thomas R. Eckert		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.6038
Mailing Address 2612 Waunona Way		Amount of Each Receipt this Period 150.00 \$25/biweekly
City Madison	State WI	Zip Code 53713
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 300.00	
Name of Employer CMFG Life Insurance Company	Occupation VP - Retirement	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. David M. Foster		Date of Receipt MM / DD / YYYY 06 / 30 / 2012 Transaction ID : SA11AI.6054
Mailing Address 9125 Blackhawk Road		Amount of Each Receipt this Period 120.00 \$20/biweekly
City Middleton	State WI	Zip Code 53562
FEC ID number of contributing federal political committee. C	Aggregate Year-to-Date 240.00	
Name of Employer CMFG Life Insurance Company	Occupation VP, Product Sales Distribution	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Jon G. Furlow
Full Name (Last, First, Middle Initial)

Mailing Address 717 Oneida Place

City Madison	State WI	Zip Code 53711
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP, Office of General Counsel
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6055

Amount of Each Receipt this Period

150.00

\$25/biweekly

B. Steven Johnson
Full Name (Last, First, Middle Initial)

Mailing Address 3062 Bosshard Drive

City Fitchburg	State WI	Zip Code 53711
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP-Marketing
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6059

Amount of Each Receipt this Period

150.00

\$25/biweekly

C. Daniel K. Kaiser
Full Name (Last, First, Middle Initial)

Mailing Address N8880 Blue Vista Lane

City New Glarus	State WI	Zip Code 53774
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FEC ID number of contributing federal political committee. **C**

Name of Employer CMFG Life Insurance Company	Occupation VP - Sales
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2012

Transaction ID : SA11AI.6062

Amount of Each Receipt this Period

120.00

\$20/biweekly

SUBTOTAL of Receipts This Page (optional).....▶	420.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) A. Randy P. Kohout		Date of Receipt
Mailing Address 5588 Polo Ridge		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Westport	WI	53597
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6067
Name of Employer	Occupation	Amount of Each Receipt this Period
CMFG Life Insurance Company	VP, Organizational Capability	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$20/biweekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Stephen W. Koslow		Date of Receipt
Mailing Address N53 W16098 Waldens Pass		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Menomonee Falls	WI	53051
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6068
Name of Employer	Occupation	Amount of Each Receipt this Period
CMFG Life Insurance Company	SVP - Chief Ethics & Compliance Office	<input type="text" value="240.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$40/biweekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="480.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Deborah F Kretchmar		Date of Receipt
Mailing Address 817 Stagecoach Trail		<input type="text" value="06"/> / <input type="text" value="30"/> / <input type="text" value="2012"/>
City	State	Zip Code
Madison	WI	53717
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.6070
Name of Employer	Occupation	Amount of Each Receipt this Period
CMFG Life Insurance Company	Officer	<input type="text" value="120.00"/>
Receipt For:	Aggregate Year-to-Date ▼	\$20/biweekly
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="240.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="480.00"/>
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 11 OF 27
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Kevin T. Lentz
 Full Name (Last, First, Middle Initial)
 Mailing Address 1023 Carib Court
 City State Zip Code
 Verona WI 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CMFG Life Insurance Company SVP, Member Products
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6072
 Amount of Each Receipt this Period
 300.00
 \$50/biweekly

B. Kurt Lin
 Full Name (Last, First, Middle Initial)
 Mailing Address 99013 Settlers Road
 City State Zip Code
 Madison WI 53717
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 MEMBERS Capital Advisors Managing Director, MCA
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6073
 Amount of Each Receipt this Period
 240.00
 \$40/biweekly

C. David P. Marks
 Full Name (Last, First, Middle Initial)
 Mailing Address 11 Richmond Road
 City State Zip Code
 West Hartford CT 06117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Members Capital Advisors EVP & Chief Investment Off.
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 480.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6076
 Amount of Each Receipt this Period
 240.00
 \$40/biweekly

SUBTOTAL of Receipts This Page (optional).....▶	780.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Thomas J. Martorana
Full Name (Last, First, Middle Initial)
Mailing Address 910 Winding Way
City Middleton State WI Zip Code 53562
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation SVP, Operations
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6077
Amount of Each Receipt this Period 150.00
\$25/biweekly

B. Thomas J. Merfeld
Full Name (Last, First, Middle Initial)
Mailing Address 3088 Edenberry St.
City Fitchburg State WI Zip Code 53711
FEC ID number of contributing federal political committee. **C**
Name of Employer MEMBERS Capital Advisors Occupation Chief Risk Officer
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 360.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6079
Amount of Each Receipt this Period 180.00
\$30/biweekly

C. James Metz
Full Name (Last, First, Middle Initial)
Mailing Address 3908 Meridian Circle
City Verona State WI Zip Code 53593
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation SVP, Asset Management
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6080
Amount of Each Receipt this Period 240.00
\$40/biweekly

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 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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

Mailing Address 1453 Starr Grass Dr

City Madison State WI Zip Code 53719

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

Name of Employer CMFG Life Insurance Company Occupation VP, Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6081

Amount of Each Receipt this Period **120.00**

\$20/biweekly

B. Daniel Murray
Full Name (Last, First, Middle Initial)

Mailing Address 817 Hidden Cave Road

City Madison State WI Zip Code 53719

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

Name of Employer CMFG Life Insurance Company Occupation Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6084

Amount of Each Receipt this Period **150.00**

\$25/biweekly

C. Timothy A Murwin
Full Name (Last, First, Middle Initial)

Mailing Address 6535 Kimberly Way

City DeForest State WI Zip Code 53532

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

Name of Employer CMFG Life Insurance Company Occupation Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6085

Amount of Each Receipt this Period **150.00**

\$25/biweekly

SUBTOTAL of Receipts This Page (optional)..... **420.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

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 CMFG Life Insurance Company Occupation SVP, Legal

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **420.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6091

Amount of Each Receipt this Period **210.00**

\$35/biweekly

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

Mailing Address 4889 Champions Run

City Middleton State WI Zip Code 53562

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

Name of Employer CMFG Life Insurance Company Occupation EVP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **350.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6092

Amount of Each Receipt this Period **50.00**

\$50/biweekly

C. Jeffrey A Peterson
Full Name (Last, First, Middle Initial)

Mailing Address 1403 Tierney Drive

City Waunakee State WI Zip Code 53597

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

Name of Employer CMFG Life Insurance Company Occupation Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6093

Amount of Each Receipt this Period **120.00**

\$20/biweekly

SUBTOTAL of Receipts This Page (optional).....▶	380.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 27
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Rebecca Piechowski
 Full Name (Last, First, Middle Initial)
 Mailing Address 7340 Summit Ridge Road
 City Middleton State WI Zip Code 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMFG Life Insurance Company Occupation VP-Product Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : SA11AI.6094
 Amount of Each Receipt this Period **150.00**
 \$25/biweekly

B. Jeff H. Post
 Full Name (Last, First, Middle Initial)
 Mailing Address 2933 Windswept Way
 City Verona State WI Zip Code 53593
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CUNA Mutual Insurance Society Occupation President and CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2500.00**

Date of Receipt **06 / 04 / 2012**
Transaction ID : SA11AI.6172
 Amount of Each Receipt this Period **2500.00**
 Check

C. Scott R. Powell
 Full Name (Last, First, Middle Initial)
 Mailing Address 35250 Opengate Court
 City Oconomowoc State WI Zip Code 53066
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CMFG Life Insurance Company Occupation Managing Director, Mutual Funds
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : SA11AI.6095
 Amount of Each Receipt this Period **150.00**
 \$25/biweekly

SUBTOTAL of Receipts This Page (optional).....	2800.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

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

Mailing Address 9810 Red Sky Drive

City Middleton State WI Zip Code 53562

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

Name of Employer CMFG Life Insurance Company Occupation SVP, Sales

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **480.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6096

Amount of Each Receipt this Period **240.00**

\$40/biweekly

B. Christopher P. Roe
Full Name (Last, First, Middle Initial)

Mailing Address 2 Hawk Feather Cir

City Madison State WI Zip Code 53717

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

Name of Employer CMFG Life Insurance Company Occupation SVP - Corporate & Legislative Affairs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **600.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6097

Amount of Each Receipt this Period **300.00**

\$50/biweekly

C. Richard Roy
Full Name (Last, First, Middle Initial)

Mailing Address W278 N2987 Rocky Point Road

City Pewaukee State WI Zip Code 53072

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

Name of Employer CUNA Mutual Group Occupation Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2012**

Transaction ID : SA11AI.6099

Amount of Each Receipt this Period **240.00**

\$40/biweekly

SUBTOTAL of Receipts This Page (optional)..... **780.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 27
	<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"/>	<input type="checkbox"/> 17

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

A. Alastair C. Shore
Full Name (Last, First, Middle Initial)
Mailing Address 9125 Aspen Grove Lane
City Madison State WI Zip Code 53717
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation Chief Financial Officer
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **2480.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : SA11AI.6102
Amount of Each Receipt this Period **240.00**
\$40/biweekly

B. Leslie Svoboda
Full Name (Last, First, Middle Initial)
Mailing Address 913 Winding Way
City Middleton State WI Zip Code 53562
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation VP
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : SA11AI.6106
Amount of Each Receipt this Period **150.00**
\$25/biweekly

C. David L. Sweitzer
Full Name (Last, First, Middle Initial)
Mailing Address 4209 Waban Hill
City Madison State WI Zip Code 53711
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation VP, Select Sales
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **300.00**

Date of Receipt **06 / 30 / 2012**
Transaction ID : SA11AI.6107
Amount of Each Receipt this Period **150.00**
\$25/biweekly

SUBTOTAL of Receipts This Page (optional).....	540.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 27
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Delania K. Truly
 Full Name (Last, First, Middle Initial)
 Mailing Address 521 Sunset Dr.
 City State Zip Code
 Hurst TX 76054
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CMFG Life Insurance Company VP, South Region
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6108
 Amount of Each Receipt this Period
 300.00
 \$50/biweekly

B. Robert N. Trunzo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1044 Willow Drive
 City State Zip Code
 Delafield WI 53018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CMFG Life Insurance Company EVP - Chief Operating Officer
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.08

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6109
 Amount of Each Receipt this Period
 500.04
 \$83.34/biweekly

C. Mark T. Warshauer
 Full Name (Last, First, Middle Initial)
 Mailing Address 6333 Stonefield Road
 City State Zip Code
 Middleton WI 53562
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CMFG Life Insurance Company VP, Asset Management
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 30 / 2012
Transaction ID : SA11AI.6111
 Amount of Each Receipt this Period
 150.00
 \$25/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 19 OF 27
(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 Holding Company Political Action Committee (CUNA Mutual PAC)

A. Thomas Webber
Full Name (Last, First, Middle Initial)
Mailing Address 601 Ondossagon Way
City Madison State WI Zip Code 53719
FEC ID number of contributing federal political committee. **C**
Name of Employer CMFG Life Insurance Company Occupation Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 480.00

Date of Receipt 06 / 30 / 2012
Transaction ID : SA11AI.6112
Amount of Each Receipt this Period 240.00
\$40/biweekly

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	240.00
TOTAL This Period (last page this line number only).....▶	9800.04

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

Full Name (Last, First, Middle Initial)

A. AMERICAN COUNCIL OF LIFE INSURERS POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		26		2012

Mailing Address 101 CONSTITUTION AVE., NW
SUITE 700

City WASHINGTON State DC Zip Code 20001

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Transaction ID : SB23.6149

Amount of Each Disbursement this Period

1500.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. AMERICAN INSURANCE ASSOCIATION POLITICAL ACTION COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2012

Mailing Address 2101 L STREET, NW
SUITE 400

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Transaction ID : SB23.6155

Amount of Each Disbursement this Period

2000.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. AMERICAN SOCIETY OF PENSION PROFESSIONALS & ACTUARIES PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2012

Mailing Address 4245 N FAIRFAX DRIVE
SUITE 750

City ARLINGTON State VA Zip Code 22203

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Transaction ID : SB23.6153

Amount of Each Disbursement this Period

300.00

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

3800.00

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

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

Full Name (Last, First, Middle Initial)

A. BOBBY SCHILLING FOR CONGRESS

Mailing Address 367 AVENUE OF THE CITIES SUITE D

City EAST MOLINE State IL Zip Code 61244

Purpose of Disbursement
Contribution

Candidate Name

ROBERT T. SCHILLING

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: IL District: 17

Date of Disbursement

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

Transaction ID : SB23.6202

Amount of Each Disbursement this Period

5	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

B. BOB CORKER FOR SENATE 2012

Mailing Address 1910 21ST AVENUE SOUTH

City NASHVILLE State TN Zip Code 37212

Purpose of Disbursement
Contribution

Candidate Name

ROBERT P JR CORKER

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: TN District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	2

Transaction ID : SB23.6121

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

Full Name (Last, First, Middle Initial)

C. BRUNING FOR SENATE INCORPORATED

Mailing Address PO BOX 83950

City LINCOLN State NE Zip Code 68501

Purpose of Disbursement
Contribution

Candidate Name

JON C BRUNING

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: NE District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	2

Transaction ID : SB23.6136

Amount of Each Disbursement this Period

1	0	0	0
---	---	---	---

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

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

2	5	0	0
---	---	---	---

2	5	0	0
---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. CARPER FOR SENATE

Mailing Address PO BOX 2882

City WILMINGTON State DE Zip Code 19805

Purpose of Disbursement
Contribution

Candidate Name

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

Transaction ID : SB23.6165

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. DAVE CAMP FOR CONGRESS

Mailing Address 5915 EASTMAN AVENUE
SUITE 100

City MIDLAND State MI Zip Code 48640

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: MI District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23.6168

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. FRIENDS OF CAROLYN MCCARTHY

Mailing Address 151 LINDEN ROAD

City MINEOLA State NY Zip Code 11501

Purpose of Disbursement
Contribution

Candidate Name

CAROLYN MCCARTHY

Office Sought: House
 Senate
 President
State: NY District: 04

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	2

Transaction ID : SB23.6124

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

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

2	0	0	0	0	0	0	0	0	0

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

2	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. JUDY BIGGERT FOR CONGRESS

Mailing Address P.O. BOX 4198

City **NAPERVILLE** State **IL** Zip Code **60567**

Purpose of Disbursement
Contribution

Candidate Name

JUDY BIGGERT

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: **IL** District: **11**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	0		2	0	1	2

Transaction ID : SB23.6129

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. KANSANS FOR HUELSKAMP

Mailing Address PO BOX 410

City **FOWLER** State **KS** Zip Code **67844**

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: **KS** District: **01**

Date of Disbursement

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

Transaction ID : SB23.6198

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. KRISTI FOR CONGRESS

Mailing Address PO BOX 852

City **SIOUX FALLS** State **SD** Zip Code **57101**

Purpose of Disbursement
Contribution

Candidate Name

KRISTI LYNN NOEM

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: **SD** District: **00**

Date of Disbursement

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

Transaction ID : SB23.6195

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

2	5	0	0	0	0	0	0	0	0

0	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. MORAN FOR CONGRESS

Mailing Address 311 NORTH WASHINGTON STREET
SUITE 200L

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
Contribution

Candidate Name
JERRY MORAN

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: KS District: 00

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2012

Transaction ID : SB23.6132

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. NATIONAL ASSOCIATION OF MUTUAL INSURANCE COMPANIES PAC

Mailing Address 3601 VINCENNES ROAD
PO BOX 68700

City INDIANAPOLIS State IN Zip Code 46268

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 26 / 2012

Transaction ID : SB23.6151

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. ERIK PAULSEN

Mailing Address POBOX 44369

City EDEN PRAIRIE State MN Zip Code 55344

Purpose of Disbursement
Contributio

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General
 Other (specify) ▼
State: MN District: 03

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2012

Transaction ID : SB23.6180

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 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 Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. PETERSON FOR CONGRESS

Mailing Address 26192 FLOYD LAKE POINT ROAD

City State Zip Code
DETROIT LAKES MN 56501

Purpose of Disbursement
Contribution

Candidate Name

COLLIN CLARK PETERSON

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	06	/	2012

Transaction ID : SB23.6157

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROBERT HURT FOR CONGRESS

Mailing Address PO BOX 8

City State Zip Code
CHATHAM VA 24531

Purpose of Disbursement
Contribution

Candidate Name

ROBERT HURT

Office Sought: House
 Senate
 President
State: VA District: 05

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	22	/	2012

Transaction ID : SB23.6145

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City State Zip Code
MADISON WI 53701

Purpose of Disbursement
Contribution

Candidate Name

TAMMY BALDWIN

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	12	/	2012

Transaction ID : SB23.6115

Amount of Each Disbursement this Period

500.00

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

2000.00

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

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

Full Name (Last, First, Middle Initial)

A. TAMMY BALDWIN FOR SENATE

Mailing Address P.O. BOX 696

City MADISON State WI Zip Code 53701

Purpose of Disbursement
Contribution

Candidate Name
TAMMY BALDWIN

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	4		2	0	1	2

Transaction ID : SB23.6118

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

B. TEAM EMERSON 96 FOR JO ANN EMERSON

Mailing Address P.O. BOX 822
400 BROADWAY, SUITE 501

City CAPE GIRARDEAU State MO Zip Code 63702

Purpose of Disbursement
Contribution

Candidate Name
JOANN EMERSON

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

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	0		2	0	1	2

Transaction ID : SB23.6161

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
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Amount of Each Disbursement this Period

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

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

1	5	0	0	0	0	0	0	0	0
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1	6	8	0	0	0	0	0	0	0
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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 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 Holding Company Political Action Committee (CUNA Mutual PAC)

Full Name (Last, First, Middle Initial)

A. Federation of Iowa Insurers PAC

Mailing Address 700 Walnut Street
Suite 1600

City Des Moines State IA Zip Code 50309

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	26	/	2012

Transaction ID : SB29.6171

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

1000.00

1000.00
