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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required to Complete This Page**

1. Registrant name

Prefix Mr. First Robert Last Loftus

2. Address ☐ Check if different than previously reported

Address1 117 5th Street SE

City Washington State DC Zip Code 20003 Country USA

3. Principal place of business (if different than line 2)

City State Zip Code Country

City State/Zip or Country

4a. Contact Name (Prefix, Full Name) b. Telephone number c. E-mail

Mr. Robert Loftus 202-543-8636 RELoftus@aol.com

5. Senate ID # pending

7. Client Name ☐ Self

CUNA Mutual Group

6. House ID # 35716000

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June30) ☐ OR Year End (July 1-December 3

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date _____ 11. No Lobbying Activ

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☐

$10,000 or more ☒ ⇨ $ 20,000

Provide a good faith estimate, rounded to the nearest $20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this reporting were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____

14. REPORTING METHOD. Check box to indicate expen accounting method. See instructions for description of optio

☐ **Method A.** Reporting amounts using LDA definitions onl

☐ **Method B.** Reporting amounts under section 6033(b)(8) Internal Revenue Code

☐ **Method C.** Reporting amounts under section 162(e) of th Revenue Code

Form Co

Printed Name and Title Robert E. Loftus, consultant Robert E. Loftus 8/12/0

LD-2DS (Rev. 4/03)

Page 1

Registrant Name Robert Loftus Client Name CUNA Mutual Group

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the r engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code INS - Insurance (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue >

S. 467
HR 1153
S. 5
HR 516
HR 420

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

House of Representatives
Senate

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue additing lobbyists for th*

Name: First Name	Name: Last Name	Name: Suffix	Covered Official Position (if applicable)
Robert	Loftus		

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Add a page for a differe

Printed Name and Title Robert E. Loftus, consultant Robert E. Loftus 8/12

LD-2DS (REV. 4/03)

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00047063 8

Registrant Name Robert Loftus Client Name CUNA Mutual Group

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City State Zip Code Country

21. Client new principal place of business (if different than line 20)

City State Zip Code Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

	First Name	Last Name	Suffix		First Name	Last Name	Suf
1				3			
2				4			

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country
	Address	City
	C/S/Z	State Country
	Address	City
	C/S/Z	State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1 2 3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Own perce client
		City State Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c affiliated organization

1 3 5

2 4 6

Add a page for more u

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