

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 Association For Advanced Life Underwriting PAC

ADDRESS (number and street) 2901 Telear Court 4th Floor Falls Church VA 22042 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00447565 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special Election on 11 04 2008 in the State of VA

5. Covering Period 10 16 2008 through 11 24 2008

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 Marc R. Cadin

Signature of Treasurer Electronically Filed by Marc R. Cadin Date 12 04 2008

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 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Association For Advanced Life Underwriting PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |      |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 8 |  | 0.00 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |      |
| 2   | 0                       | 0                                 | 8 |   |   |   |   |   |  |      |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 125073.10               |                                   |   |   |   |   |   |   |  |      |
| (c) Total Receipts (from Line 19) .....   | 64800.00                | 264338.78                         |   |   |   |   |   |   |  |      |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 189873.10               | 264338.78                         |   |   |   |   |   |   |  |      |
| 7. Total Disbursements (from Line 31) .....   | 34500.00                | 108965.68                         |   |   |   |   |   |   |  |      |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 155373.10               | 155373.10                         |   |   |   |   |   |   |  |      |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |      |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>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  
Association For Advanced Life Underwriting PAC

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 1 | 0 |

|   |   |
|---|---|
| D | D |
| 1 | 6 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

 To: 

|   |   |
|---|---|
| M | M |
| 1 | 1 |

|   |   |
|---|---|
| D | D |
| 2 | 4 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 57700.00                      | 239203.00                         |
| (i) Itemized (use Schedule A) .....  | 2100.00                       | 18805.00                          |
| (ii) Unitemized .....  | 59800.00                      | 258008.00                         |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 0.00                          | 0.00                              |
| (b) Political Party Committees .....   | 5000.00                       | 5000.00                           |
| (c) Other Political Committees (such as PACs) .....  | 64800.00                      | 263008.00                         |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     |                               |                                   |
| 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                          | 1330.78                           |
| 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)) .....                          | 64800.00                      | 264338.78                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 64800.00                      | 264338.78                         |

**DETAILED SUMMARY PAGE**

of Disbursements

| II. DISBURSEMENTS  | COLUMN A<br>Total This Period | COLUMN B<br>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                          | 1515.68                           |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....                          | 0.00                          | 1515.68                           |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 34500.00                      | 106500.00                         |
| 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                          | 950.00                            |
| (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                          | 950.00                            |
| 29. Other Disbursements.....   | 0.00                          | 0.00                              |
| 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))..       | 34500.00                      | 108965.68                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 34500.00                      | 108965.68                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                    | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans) from Line 11(d), page 3) .....        | 64800.00                      | 263008.00                         |
| 34. Total Contribution Refunds (from Line 28(d)) .....                           | 0.00                          | 950.00                            |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....   | 64800.00                      | 262058.00                         |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 0.00                          | 1515.68                           |
| 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                          | 1515.68                           |

**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 / 31 |
|   | <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)  
Association For Advanced Life Underwriting PAC

|   |   |   |
|---|---|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Ralph Antolino Jr.       | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2008 |
|   | Mailing Address 2727 Canterbury Rd                                  | <b>Transaction ID:</b> 81107.C2656                  |
|   | City State Zip Code<br>Columbus OH 43221-3024                       | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt   |
| Name of Employer<br>Antolino & Associates, Inc.   | Occupation<br>President   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                                 |   |

|   |   |   |
|---|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>George M. Arnold         | Date of Receipt<br>MM / DD / YYYY<br>11 / 19 / 2008 |
|   | Mailing Address 30301 Northwestern Hwy Suite 200                    | <b>Transaction ID:</b> 81126.C2700                  |
|   | City State Zip Code<br>Farmington Hills MI 48334                    | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt   |
| Name of Employer<br>Pappas Financial  | Occupation<br>Principal   |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|   |   |   |
|---|---|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel B. Barry          | Date of Receipt<br>MM / DD / YYYY<br>10 / 22 / 2008 |
|   | Mailing Address 13860 Ballantyne Corporate PI Ste                   | <b>Transaction ID:</b> 81107.C2652                  |
|   | City State Zip Code<br>Charlotte NC 28277-3167                      | Amount of Each Receipt this Period<br>500.00        |
|   | FEC ID number of contributing federal political committee. <b>C</b> | Receipt   |
| Name of Employer<br>Principal Financial Group   | Occupation<br>Regional VP - Adv. Planning                           |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00                                  |   |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.**

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

Mailing Address 13860 Ballantyne Corporate PI Ste

City State Zip Code  
Charlotte NC 28277-3167

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

Name of Employer  
Principal Financial Group

Occupation  
Regional VP - Adv. Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 22 / 2008

Transaction ID: 81107.C2653

Amount of Each Receipt this Period  
500.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
James P. Belk

Mailing Address PO Box 1520

City State Zip Code  
Richmond VA 23218-1520

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

Name of Employer  
BCG Companies

Occupation  
President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

Transaction ID: 81107.C2640

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Kathleen E. Bilderback

Mailing Address 7 Watch Hill Rd

City State Zip Code  
Saint Louis MO 63124

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

Name of Employer  
Affinity Law Group

Occupation  
Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2008

Transaction ID: 81126.C2705

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2500.00**

**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 8 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
David H. Brogan

Mailing Address 320 W. Lake Lansing Rd., #2

City State Zip Code  
East Lansing MI 48826

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

Name of Employer Brogan, Reed & Van Gorder Occupation Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 24 / 2008  
Transaction ID: 81201.C2707  
Amount of Each Receipt this Period 250.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Armistead T. Browning

Mailing Address 399 Orofino Dr

City State Zip Code  
Castle Rock CO 80108-9045

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

Name of Employer Browning Group II, Inc. Occupation Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt 10 / 17 / 2008  
Transaction ID: 81020.C2634  
Amount of Each Receipt this Period 800.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Stephen P. Burk

Mailing Address 9401 Indian Creek Pkwy Ste 150

City State Zip Code  
Shawnee Mission KS 66210-2096

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

Name of Employer Insurance Designers of Kansas Occupation Owner/Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008  
Transaction ID: 81020.C2635  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2050.00

**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 9 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Francis D. Burke Jr.  
Mailing Address 22 Cassatt Ave Ste 100

City State Zip Code  
Berwyn PA 19312-1325

FEC ID number of contributing federal political committee. C

Name of Employer 1934 Group      Occupation Financial Adviser

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 30 / 2008

**Transaction ID:** 81107.C2679

Amount of Each Receipt this Period 1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Kenneth V. Byers  
Mailing Address 4650 Willow Hills Ln

City State Zip Code  
Cincinnati OH 45243-4228

FEC ID number of contributing federal political committee. C

Name of Employer Capital Strategies Group      Occupation Managing Partner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 28 / 2008

**Transaction ID:** 81107.C2674

Amount of Each Receipt this Period 1200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Ewing Carruthers Jr.  
Mailing Address 8245 Tournament Dr Ste 300

City State Zip Code  
Memphis TN 38125-8874

FEC ID number of contributing federal political committee. C

Name of Employer Mass Mutual Fund      Occupation Financial Adviser

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt M M / D D / Y Y Y Y  
10 / 21 / 2008

**Transaction ID:** 81107.C2658

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 3200.00

**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 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.**

Full Name (Last, First, Middle Initial)  
J. Dennis Caverner

Mailing Address 6850 Austin Center Blvd Ste 350

City Austin State TX Zip Code 78731-3149

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

Name of Employer Waxman Caverner Lawson Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 81107.C2683

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

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

Mailing Address 1400 Williams St

City Chattanooga State TN Zip Code 37408-1140

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

Name of Employer Evergreen Management, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 29 / 2008

Transaction ID: 81107.C2668

Amount of Each Receipt this Period 1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn L. Cohen-Turbett

Mailing Address 728 Dwight Pl

City Englewood State NJ Zip Code 07631

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

Name of Employer Preferred Pensions LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 03 / 2008

Transaction ID: 81107.C2686

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2250.00

**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 / 31 |
|   | <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)  
Association For Advanced Life Underwriting PAC

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Mike Cohn            |                                 | Date of Receipt<br>MM / DD / YYYY<br>10 / 28 / 2008 |   |  |
|   | Mailing Address 4444 E Camelback Rd                             |                                 | Transaction ID: 81107.C2676                         |   |  |
|   | City<br>Phoenix   | State<br>AZ                     | Zip Code<br>85018-2831                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                 | Receipt   |   |  |
|   | Name of Employer<br>CFG Business Solutions, LLC                 | Occupation<br>Financial Adviser | Aggregate Year-to-Date<br>1000.00                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                 |   |   |  |

|   |   |                                 |   |   |  |
|---|---|---------------------------------|---|---|--|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Joseph R. Crea       |                                 | Date of Receipt<br>MM / DD / YYYY<br>10 / 31 / 2008 |   |  |
|   | Mailing Address 2609 Hidden Canyon Dr                           |                                 | Transaction ID: 81107.C2687                         |   |  |
|   | City<br>Brecksville   | State<br>OH                     | Zip Code<br>44141-3533                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                                 | Receipt   |   |  |
|   | Name of Employer<br>The Farro-Crea Partnership                  | Occupation<br>Financial Adviser | Aggregate Year-to-Date<br>1000.00                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                                 |   |   |  |

|   |   |                         |   |   |  |
|---|---|-------------------------|---|---|--|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>William H. Dodd      |                         | Date of Receipt<br>MM / DD / YYYY<br>10 / 29 / 2008 |   |  |
|   | Mailing Address 1 Landmark Sq Fl 8                              |                         | Transaction ID: 81107.C2669                         |   |  |
|   | City<br>Stamford  | State<br>CT             | Zip Code<br>06901-2670                              | Amount of Each Receipt this Period<br>1000.00 |  |
|   | FEC ID number of contributing federal political committee.<br>C |                         | Receipt   |   |  |
|   | Name of Employer<br>Dodd Consulting, LLC                        | Occupation<br>President | Aggregate Year-to-Date<br>1000.00                   |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |                         |   |   |  |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 3000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ |         |

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

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

FOR LINE NUMBER: PAGE 12 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Joel D. Gilley  
Mailing Address 7169 Corning Rd  
City Zionsville State PA Zip Code 18092-2318  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Promus Financial Group Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 11 / 2008  
Transaction ID: 81126.C2694  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mark J. Hanna  
Mailing Address 317 Merrilee Pl  
City Danville State CA Zip Code 94526-4343  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hanna Global Solutions Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 21 / 2008  
Transaction ID: 81107.C2655  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Philip M. Herr  
Mailing Address 8 Cross Bridge Cir  
City Marlboro State NJ Zip Code 07746  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Kingsbridge Financial Group Occupation Financial Adviser  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 06 / 2008  
Transaction ID: 81126.C2689  
Amount of Each Receipt this Period 1000.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00  
**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 13 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Eric J. Hieber

Mailing Address 4512 Kensington Ave

City Richmond State VA Zip Code 23221-1827

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

Name of Employer BCG Companies Occupation Financial Adviser

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008  
**Transaction ID:** 81107.C2641  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**B.** Full Name (Last, First, Middle Initial)  
H. Thomas Hollinger

Mailing Address 17 Quail Crossing Rd

City Wilmington State DE Zip Code 19807

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

Name of Employer Newton One Advisors Occupation CEO

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 27 / 2008  
**Transaction ID:** 81107.C2671  
 Amount of Each Receipt this Period 1000.00  
 Receipt

**C.** Full Name (Last, First, Middle Initial)  
Edward S. Jamieson

Mailing Address 2525 Marcy Ave

City Evanston State IL Zip Code 60201-1111

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

Name of Employer Jamieson & Associates, Ltd. Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 10 / 29 / 2008  
**Transaction ID:** 81107.C2681  
 Amount of Each Receipt this Period 1200.00  
 Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3200.00

**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 14 / 31  
(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 |

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)  
Association For Advanced Life Underwriting PAC

**A.**

Full Name (Last, First, Middle Initial)  
Brent Kinetz

Mailing Address 288 West St Apt 6W

City State Zip Code  
New York NY 10013-1369

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

Name of Employer Occupation  
Winged Keel Group, Inc. Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 13 / 2008

Transaction ID: 81126.C2695

Amount of Each Receipt this Period  
800.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
G. Chris Kosmos Jr.

Mailing Address 221 First Avenue W.  
Suite 415

City State Zip Code  
Seattle WA 98119

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

Name of Employer Occupation  
CSM Pacific Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 20 / 2008

Transaction ID: 81126.C2706

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Paul G. Krasnow

Mailing Address 9454 Wilshire Blvd Ste 310

City State Zip Code  
Beverly Hills CA 90212-2904

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

Name of Employer Occupation  
Northwestern Mutual Financial Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
11 / 06 / 2008

Transaction ID: 81126.C2691

Amount of Each Receipt this Period  
1000.00

Receipt

**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: PAGE 15 / 31  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Fletcher C. Larson

Mailing Address 515 S. Figueroa St., #1455

City State Zip Code  
Los Angeles CA 90071

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

Name of Employer Occupation  
Pacific Life Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81107.C2657

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Lebel & Harriman LLP

Mailing Address 366 US Route One

City State Zip Code  
Falmouth ME 04105

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81107.C2661

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Philip E. Harriman

Mailing Address 366 US Route One

City State Zip Code  
Falmouth ME 04105

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

Name of Employer Occupation  
Lebel & Harriman, LLP Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81107.C2662

Amount of Each Receipt this Period  
1000.00

Memo

**[MEMO ITEM]**  
Partnership->Lebel & Harriman LLP

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 2000.00

**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 16 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Sidney Levine

Mailing Address PO Box 9296

City State Zip Code  
Daytona Beach FL 32120

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

Name of Employer Executive Compensation Group  
Occupation President

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** 81126.C2699

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 18 Hunting Hollow Dr

City State Zip Code  
Cleveland OH 44124-5247

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

Name of Employer Winged Keel Group, Inc.  
Occupation Principal

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 1 | / | 1 | 8 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** 81126.C2697

Amount of Each Receipt this Period  
800.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Paul L. MacCaskill

Mailing Address 10900 Wilshire Blvd Ste 600

City State Zip Code  
Los Angeles CA 90024-6534

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

Name of Employer Janss & MacCaskill Corporation  
Occupation Financial Adviser

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 1 | 0 | / | 2 | 7 | / | 2 | 0 | 0 | 8 |

**Transaction ID:** 81107.C2677

Amount of Each Receipt this Period  
1000.00

Receipt

**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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 17 / 31                 |
|   | (check only one)             |                              |
| <input checked="" type="checkbox"/> 11a                                       | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15  |
| <input type="checkbox"/> 12   | <input type="checkbox"/> 16  | <input type="checkbox"/> 17  |

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Richard D. Mack   | Date of Receipt<br>MM / DD / YYYY<br>10 / 29 / 2008 |
|           | Mailing Address 201 W 103rd St Ste 100   | <b>Transaction ID:</b> 81107.C2678                  |
|           | City State Zip Code<br>Indianapolis IN 46290-1109  | Amount of Each Receipt this Period<br>5000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | Receipt   |
|           | Name of Employer Mack Financial Group<br>Occupation Financial Adviser<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00                 |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Robert E. Mathis  | Date of Receipt<br>MM / DD / YYYY<br>11 / 06 / 2008 |
|           | Mailing Address 5040 Roswell Rd NE   | <b>Transaction ID:</b> 81126.C2692                  |
|           | City State Zip Code<br>Atlanta GA 30342-2207   | Amount of Each Receipt this Period<br>800.00        |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | Receipt   |
|           | Name of Employer Peachtree Planning Corp.<br>Occupation President<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>James P. Mellin   | Date of Receipt<br>MM / DD / YYYY<br>10 / 28 / 2008 |
|           | Mailing Address 5460 N Lake Dr   | <b>Transaction ID:</b> 81107.C2672                  |
|           | City State Zip Code<br>Milwaukee WI 53217-5374   | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br><b>C</b>   | Receipt   |
|           | Name of Employer AXA Advisors, LLC<br>Occupation Agency Manager<br>Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1000.00                 |

|  |                |
|--|----------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <b>6800.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... |                |

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

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

FOR LINE NUMBER: PAGE 18 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
F. Andrew Moran

Mailing Address 300 International Pkwy Ste 270

City State Zip Code  
Heathrow FL 32746-5028

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

Name of Employer Occupation  
The Newport Group Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 81107.C2644

Amount of Each Receipt this Period  
1000.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Joseph J. Oakes III

Mailing Address 11 Joanna Way

City State Zip Code  
Summit NJ 07901-3110

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

Name of Employer Occupation  
John Hancock Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 1 / 2 0 0 8

**Transaction ID:** 81107.C2688

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Alan S. Pearlstein

Mailing Address 16130 Ventura Blvd Ste 510

City State Zip Code  
Encino CA 91436-2538

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

Name of Employer Occupation  
Alan S. Pearlstein Ins. Srvs. Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 1 6 / 2 0 0 8

**Transaction ID:** 81107.C2645

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 19 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Gary H. Pendleton

Mailing Address 2908 Lake Boone Pl

City Raleigh State NC Zip Code 27608-1151

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

Name of Employer Pendleton Financial Consulting Occupation Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008  
Transaction ID: 81107.C2647  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Mark W. Pfaff

Mailing Address 31B Windle Park

City Sleepy Hollow State NY Zip Code 10591-3935

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

Name of Employer New York Life Occupation Second Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2008  
Transaction ID: 81107.C2648  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Matthew H. Phillips

Mailing Address 2 Mulberry Ln

City New Rochelle State NY Zip Code 10804-4316

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

Name of Employer Winged Keel Group, Inc. Occupation Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 18 / 2008  
Transaction ID: 81126.C2698  
Amount of Each Receipt this Period 800.00  
Receipt

**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: PAGE 20 / 31

(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 |

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)  
Association For Advanced Life Underwriting PAC

**A.**

Full Name (Last, First, Middle Initial)  
Leonard Raskin

Mailing Address 954 Ridgebrook Rd Ste 100

City State Zip Code  
Sparks Glencoe MD 21152

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

Name of Employer Occupation  
Wealth Advocacy Partners President & CEO

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 2 4 / 2 0 0 8

Transaction ID: 81201.C2708

Amount of Each Receipt this Period

1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Ronald S. Rosbruch

Mailing Address 800 Westchester Ave Ste 4N409

City State Zip Code  
Rye Brook NY 10573-1354

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

Name of Employer Occupation  
NY Rosbruch/Harnik, Inc. Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81107.C2670

Amount of Each Receipt this Period

1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
E. Jeffrey Rossi

Mailing Address 201 E Commerce St Ste 337

City State Zip Code  
Youngstown OH 44503-1637

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

Name of Employer Occupation  
E.J. Rossi & Co. Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 1 / 2 0 0 8

Transaction ID: 81107.C2651

Amount of Each Receipt this Period

1000.00

Receipt

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

3000.00

**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 21 / 31  
(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)  
Association For Advanced Life Underwriting PAC

**A.**

Full Name (Last, First, Middle Initial)  
Andrew D. Rubin

Mailing Address 1816 Maple Glen

City State Zip Code  
Ambler PA 19002

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

Name of Employer Rubin Goldman & Associates  
Occupation Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 23 / 2008

**Transaction ID:** 81107.C2654

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Kenneth R. Samuelson

Mailing Address P.O. Box 36309

City State Zip Code  
Charlotte NC 28236

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

Name of Employer The Morehead Group  
Occupation Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 81017.C2633

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Robert L. Scharff Jr.

Mailing Address 701 Market St Ste 1000

City State Zip Code  
Saint Louis MO 63101-1851

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

Name of Employer The Todd Organization  
Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 16 / 2008

**Transaction ID:** 81107.C2639

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **3000.00**

**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 22 / 31  
(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 |
|                                     |     |                          |     |                          |     |                          | 17 |

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.**

Full Name (Last, First, Middle Initial)  
Cynthia D. Schumacker

Mailing Address 911 Bates Rd Ste 100

City Cleveland State OH Zip Code 44116-2168

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

Name of Employer The Life Insurance Market- ing Occupation Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 81107.C2643

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Geoffrey C. Shepard

Mailing Address 40 Monument Rd

City Bala Cynwyd State PA Zip Code 19004-1737

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

Name of Employer Karr Barth Associates, In- c. Occupation President - Corp. Division

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 16 / 2008

Transaction ID: 81107.C2646

Amount of Each Receipt this Period 1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
John E. Steger

Mailing Address 1982 Oak Knoll Dr

City Saint Paul State MN Zip Code 55110-4263

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

Name of Employer Self Employed Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2008

Transaction ID: 81107.C2673

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3000.00

**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 23 / 31  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert F. Swartzbaugh  
Mailing Address 1015 N. 98th St., #221  
City Omaha State NE Zip Code 68114  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Swartzbaugh-Farber & Assoc. In  
Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 800.00  
Date of Receipt 11 / 19 / 2008  
Transaction ID: 81126.C2701  
Amount of Each Receipt this Period 800.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Jeri L. Turley  
Mailing Address 13511 Split Creek Dr  
City Chester State VA Zip Code 23831-4342  
FEC ID number of contributing federal political committee. **C**  
Name of Employer BCG Companies  
Occupation Financial Adviser  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 10 / 16 / 2008  
Transaction ID: 81107.C2642  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
Jack B. Turner  
Mailing Address PO Box 627  
City Clarksville State TN Zip Code 37041-0627  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Jack B. Turner & Associates, I  
Occupation President  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 11 / 06 / 2008  
Transaction ID: 81126.C2690  
Amount of Each Receipt this Period 1000.00  
Receipt

**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: PAGE 24 / 31

(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)  
Association For Advanced Life Underwriting PAC

A.

Full Name (Last, First, Middle Initial)  
William M. Waxman

Mailing Address 6850 Austin Center Blvd Ste 350

City State Zip Code  
Austin TX 78731-3149

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

Name of Employer Occupation  
Waxman Cavner Lawson Partner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 1 / 0 3 / 2 0 0 8

Transaction ID: 81107.C2684

Amount of Each Receipt this Period

1000.00

Receipt

B.

Full Name (Last, First, Middle Initial)  
Weilert Agency Management

Mailing Address 1303 W Walnut Hill Ln Ste 200

City State Zip Code  
Irving TX 75038-3017

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81107.C2665

Amount of Each Receipt this Period

1000.00

Receipt

C.

Full Name (Last, First, Middle Initial)  
Tom Weilert

Mailing Address 1303 West Walnut Hill Suite 200

City State Zip Code  
Irving TX 75038

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

Name of Employer Occupation  
Weilert Wunderlick LLP Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81107.C2667

Amount of Each Receipt this Period

1000.00

Memo

**[MEMO ITEM]**  
Partnership->Weilert Agen-  
cy Management

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

2000.00

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



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

|   |                              |                              |
|---|------------------------------|------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             | PAGE 25 / 31                 |
|   | (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)  
Association For Advanced Life Underwriting PAC

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Harold L. Wilshinsky  | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2008 |
|           | Mailing Address 1633 Broadway Frnt 3   | <b>Transaction ID:</b> 81107.C2659                  |
|           | City State Zip Code<br>New York NY 10019-6708  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br>C  | Receipt   |
|           | Name of Employer H.L. Wilshinsky, Inc. Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>E. Dennis Zahrbock   | Date of Receipt<br>MM / DD / YYYY<br>10 / 17 / 2008 |
|           | Mailing Address PO Box 679  | <b>Transaction ID:</b> 81107.C2649                  |
|           | City State Zip Code<br>Rice Lake WI 54868-0679  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee.<br>C   | Receipt   |
|           | Name of Employer Business & Estate Advisers Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Dennis M. Zaverl  | Date of Receipt<br>MM / DD / YYYY<br>10 / 21 / 2008 |
|           | Mailing Address 2044 Galilee Oval  | <b>Transaction ID:</b> 81107.C2650                  |
|           | City State Zip Code<br>Hinckley OH 44233-9509  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee.<br>C  | Receipt   |
|           | Name of Employer Zaverl & Associates, Inc. Occupation President<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 1000.00 |   |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 2500.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 57700.00 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 26 / 31  
(check only one)

|                              |                              |   |   |
|------------------------------|------------------------------|---|---|
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" 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)  
Association For Advanced Life Underwriting PAC

A.

Full Name (Last, First, Middle Initial)  
New York Life Insurance PAC

Mailing Address 51 Madison Ave Rm 1109

|          |       |            |
|----------|-------|------------|
| City     | State | Zip Code   |
| New York | NY    | 10010-1603 |

FEC ID number of contributing federal political committee. **C** C00158881

|   |                                     |
|---|-------------------------------------|
| Name of Employer  | Occupation                          |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00 |

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 2 7 / 2 0 0 8

Transaction ID: 81107.C2664

Amount of Each Receipt this Period  
5000.00

Receipt

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | 5000.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 5000.00 |

# 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)  
Association For Advanced Life Underwriting PAC

|  |   |
|--|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Becerra For Congress</p> <p>Mailing Address PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026-0878</p> <p>Purpose of Disbursement<br/>VOID</p> <p>Candidate Name<br/>XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: CA District: 31</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 81126.E111</p> <p>Date of Disbursement<br/>11 / 13 / 2008</p> <p>Amount of Each Disbursement this Period<br/>-500.00</p> <p>VOID</p>        |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Blumenauer For Congress</p> <p>Mailing Address 830 NE Holladay St Ste 105</p> <p>City Portland State OR Zip Code 97232-5105</p> <p>Purpose of Disbursement<br/>CONTRIBUTION</p> <p>Candidate Name<br/>EARL BLUMENAUER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OR District: 03</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 81107.E103</p> <p>Date of Disbursement<br/>10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period<br/>500.00</p> <p>CONTRIBUTION</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Cantor For Congress</p> <p>Mailing Address PO Box 17813</p> <p>City Richmond State VA Zip Code 23226-7813</p> <p>Purpose of Disbursement<br/>CONTRIBUTION</p> <p>Candidate Name<br/>ERIC CANTOR</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: VA District: 07</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>                       | <p><b>Transaction ID:</b> 80805.E77</p> <p>Date of Disbursement<br/>10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>CONTRIBUTION</p> |

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

2000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Association For Advanced Life Underwriting PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Chambliss Victory Committee</p> <p>Mailing Address PO BOX 75103</p> <p>City Washington State DC Zip Code 20013-</p> <p>Purpose of Disbursement<br/>CONTRIBUTION TO JFC</p> <p>Candidate Name<br/>SAXBY CHAMBLISS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: GA District: 00</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>Other</p>                                     | <p><b>Transaction ID:</b> 81126.E112<br/><b>Date of Disbursement</b><br/>11 / 12 / 2008</p> <p>Amount of Each Disbursement this Period<br/>5000.00</p> <p>CONTRIBUTION TO JFC</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Democratic Congressional Campaign Cmte</p> <p>Mailing Address 430 S Capitol St SE 2nd Flr</p> <p>City Washington State DC Zip Code 20003-</p> <p>Purpose of Disbursement<br/>CONTRIBUTION</p> <p>Candidate Name<br/>DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: District:</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input type="checkbox"/> General<br/><input checked="" type="checkbox"/> Other (specify) ▼<br/>2008 Annual</p> | <p><b>Transaction ID:</b> 81017.E102<br/><b>Date of Disbursement</b><br/>10 / 16 / 2008</p> <p>Amount of Each Disbursement this Period<br/>15000.00</p> <p>CONTRIBUTION</p>       |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Rahm Emanuel</p> <p>Mailing Address PO Box 101124</p> <p>City Chicago State IL Zip Code 60610-8902</p> <p>Purpose of Disbursement<br/>CONTRIBUTION</p> <p>Candidate Name<br/>RAHM EMANUEL</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: IL District: 05</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>   | <p><b>Transaction ID:</b> 80805.E83<br/><b>Date of Disbursement</b><br/>10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>CONTRIBUTION</p>         |

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

22000.00

**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 29 / 31

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Association For Advanced Life Underwriting PAC

|   |  |  |
|---|--|--|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Hatch Election Committee Inc.   | Transaction ID: 80805.E66<br>Date of Disbursement<br>11 / 14 / 2008  |
|   | Mailing Address 175 S West Temple Ste 650  | Amount of Each Disbursement this Period<br>1000.00                   |
|   | City Salt Lake City State UT Zip Code 84101-1422   | Category/<br>Type  |
|   | Purpose of Disbursement CONTRIBUTION<br>Candidate Name ORRIN G HATCH   |  |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: 00 | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | CONTRIBUTION   |
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Larson For Congress   | Transaction ID: 81107.E109<br>Date of Disbursement<br>10 / 31 / 2008 |
|   | Mailing Address 29 Ruff Cir  | Amount of Each Disbursement this Period<br>1000.00                   |
|   | City Glastonbury State CT Zip Code 06033-1437  | Category/<br>Type  |
|   | Purpose of Disbursement CONTRIBUTION<br>Candidate Name JOHN B LARSON   |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 01 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | CONTRIBUTION   |
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Levin For Congress  | Transaction ID: 81107.E110<br>Date of Disbursement<br>10 / 31 / 2008 |
|   | Mailing Address PO Box 37  | Amount of Each Disbursement this Period<br>500.00                    |
|   | City Roseville State MI Zip Code 48066-0037  | Category/<br>Type  |
|   | Purpose of Disbursement CONTRIBUTION<br>Candidate Name SANDER M LEVIN  |  |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 12 | Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | CONTRIBUTION   |

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

2500.00

**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 30 / 31

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)  
Association For Advanced Life Underwriting PAC

|   |   |
|---|---|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Mark Pryor for US Senate</p> <p>Mailing Address PO Box 2720</p> <p>City Little Rock State AR Zip Code 72203-2720</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MARK LUNSFORD PRYOR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AR District: 00</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> 80805.E85<br/><b>Date of Disbursement</b><br/>10 / 24 / 2008</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>CONTRIBUTION</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Mike Crapo For US Senate</p> <p>Mailing Address PO Box 1948</p> <p>City Boise State ID Zip Code 83701-1948</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name MICHAEL D CRAPO</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: ID District: 00</p> <p>Disbursement For: 2010<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>           | <p><b>Transaction ID:</b> 80805.E65<br/><b>Date of Disbursement</b><br/>11 / 14 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>CONTRIBUTION</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Pat Roberts for US Senate</p> <p>Mailing Address PO Box 433</p> <p>City Great Bend State KS Zip Code 67530-0433</p> <p>Purpose of Disbursement CONTRIBUTION</p> <p>Candidate Name PAT ROBERTS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: KS District: 00</p> <p>Disbursement For: 2008<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>          | <p><b>Transaction ID:</b> 80805.E74<br/><b>Date of Disbursement</b><br/>10 / 31 / 2008</p> <p>Amount of Each Disbursement this Period<br/>1000.00</p> <p>CONTRIBUTION</p> |

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

4000.00

**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)  
Association For Advanced Life Underwriting PAC

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Ryan for Congress<br>Mailing Address PO Box 1919<br>City Janesville State WI Zip Code 53547-1919<br>Purpose of Disbursement CONTRIBUTION<br>Candidate Name PAUL D RYAN<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: WI District: 01<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                             | Transaction ID: 80805.E75<br>Date of Disbursement<br>10 / 24 / 2008<br>Amount of Each Disbursement this Period<br>1000.00<br>CONTRIBUTION  |
|   | Category/Type  |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>Tiberi For Congress<br>Mailing Address 2021 E Dublin Granville Rd Ste 200<br>City Columbus State OH Zip Code 43229-3572<br>Purpose of Disbursement CONTRIBUTION<br>Candidate Name PATRICK J TIBERI<br>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: OH District: 12<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: 81107.E104<br>Date of Disbursement<br>10 / 24 / 2008<br>Amount of Each Disbursement this Period<br>1000.00<br>CONTRIBUTION |
|   | Category/Type  |
| <b>C.</b><br>Full Name (Last, First, Middle Initial)<br>Tim Johnson for South Dakota<br>Mailing Address PO Box 1536<br>City Sioux Falls State SD Zip Code 57101-<br>Purpose of Disbursement CONTRIBUTION<br>Candidate Name TIM JOHNSON<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: SD District: 00<br>Disbursement For: 2008<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼                     | Transaction ID: 80805.E84<br>Date of Disbursement<br>10 / 24 / 2008<br>Amount of Each Disbursement this Period<br>2000.00<br>CONTRIBUTION  |
|   | Category/Type  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 34500.00 |