

# 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 (AALU PAC)

ADDRESS (number and street) 2901 Telear Court  
Floor 4  
 Check if different than previously reported. (ACC)  
Falls Church VA 22042-1260

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 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 05 01 2010 through 05 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Marc Cadin

Signature of Treasurer Electronically Filed by Marc Cadin Date 06 18 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Association for Advanced Life Underwriting PAC (AALU PAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
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| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

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| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |           |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|-----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 1 | 0 |  | 262923.21 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |           |
| 2   | 0                       | 1                                 | 0 |   |   |   |   |   |  |           |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 288491.21               |                                   |   |   |   |   |   |   |  |           |
| (c) Total Receipts (from Line 19) .....   | 79800.00                | 199593.00                         |   |   |   |   |   |   |  |           |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 368291.21               | 462516.21                         |   |   |   |   |   |   |  |           |
| 7. Total Disbursements (from Line 31) .....   | 60900.00                | 155125.00                         |   |   |   |   |   |   |  |           |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 307391.21               | 307391.21                         |   |   |   |   |   |   |  |           |
| 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 5 |

|   |   |
|---|---|
| D | D |
| 3 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 1 | 0 |

| 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  |                               |                                   |
| (i) Itemized (use Schedule A) .....  | 73900.00                      | 179300.00                         |
| (ii) Unitemized .....  | 5900.00                       | 10568.00                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 79800.00                      | 189868.00                         |
| (b) Political Party Committees .....   | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs) .....  | 0.00                          | 7500.00                           |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 79800.00                      | 197368.00                         |
| 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                          | 225.00                            |
| 18. Transfers from Non-Federal and Levin Funds   |                               |                                   |
| (a) Non-Federal Account (from Schedule H3) .....   | 0.00                          | 0.00                              |
| (b) Levin Funds (from Schedule H5) .....   | 0.00                          | 0.00                              |
| (c) Total Transfer (add 18(a) and 18(b)).  | 0.00                          | 0.00                              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....                          | 79800.00                      | 199593.00                         |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 79800.00                      | 199593.00                         |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

| <b>II. DISBURSEMENTS</b>   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 21. Operating Expenditures:  |                                       |   |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4)                                     |                                       |   |
| (i) Federal Share.....   | 0.00                                  | 0.00                                      |
| (ii) Non-Federal Share.....  | 0.00                                  | 0.00                                      |
| (b) Other Federal Operating Expenditures.....  | 2500.00                               | 4500.00                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                        | 2500.00                               | 4500.00                                   |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 58400.00                              | 150400.00                                 |
| 24. Independent Expenditure (use Schedule E) .....   | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00                                  | 0.00                                      |
| 26. Loan Repayments Made.....  | 0.00                                  | 0.00                                      |
| 27. Loans Made.....  | 0.00                                  | 0.00                                      |
| 28. Refunds of Contributions To:   |                                       |   |
| (a) Individuals/Persons Other Than Political Committees .....                                  | 0.00                                  | 0.00                                      |
| (b) Political Party Committees   | 0.00                                  | 0.00                                      |
| (c) Other Political Committees (such as PACs) .....  | 0.00                                  | 0.00                                      |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....                           | 0.00                                  | 0.00                                      |
| 29. Other Disbursements.....   | 0.00                                  | 225.00                                    |
| 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))..       | 60900.00                              | 155125.00                                 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 60900.00                              | 155125.00                                 |

**DETAILED SUMMARY PAGE**  
of Disbursements

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| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 79800.00                      | 197368.00                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 79800.00                      | 197368.00                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 2500.00                       | 4500.00                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 2500.00                       | 4500.00                           |

**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 / 37                  |
|   | <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)  
Association for Advanced Life Underwriting PAC (AALU PAC)

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Scott Allison   |                                    | Date of Receipt   |
|   | Mailing Address 1 Information Way                          |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>05 / 06 / 2010 |
|   | City   | State                              | Zip Code  |
|   | Little Rock  | AR                                 | 72202-2289  |
|   | FEC ID number of contributing federal political committee. |                                    | Transaction ID: SA11AI-2512-1344-c  |
|   |  | Amount of Each Receipt this Period | <input type="text"/> 1000.00  |
| Name of Employer<br>Allison Insurance & Fin.S-<br>vcs   |  | Occupation<br>Insurance Sales      | Contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           |   |
|   |  | <input type="text"/> 1000.00       |   |

|   |  |   |   |
|---|--|---|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Daniel Barry    |   | Date of Receipt   |
|   | Mailing Address 8207 Lake Providence Drive                 |   | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>05 / 04 / 2010 |
|   | City   | State                                     | Zip Code  |
|   | Weddington   | NC  | 28104-9540  |
|   | FEC ID number of contributing federal political committee. |   | Transaction ID: SA11AI-192-1285-c   |
|   |  | Amount of Each Receipt this Period        | <input type="text"/> 1000.00  |
| Name of Employer<br>Principal Financial Group   |  | Occupation<br>Regional VP - Adv. Planning | Contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼                  |   |
|   |  | <input type="text"/> 1000.00              |   |

|   |  |                                    |   |
|---|--|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>C. Al Beall     |                                    | Date of Receipt   |
|   | Mailing Address 950 E Paces Ferry Road NE                  |                                    | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y<br>05 / 04 / 2010 |
|   | City   | State                              | Zip Code  |
|   | Atlanta  | GA                                 | 30326-1180  |
|   | FEC ID number of contributing federal political committee. |                                    | Transaction ID: SA11AI-774-1280-c   |
|   |  | Amount of Each Receipt this Period | <input type="text"/> 500.00   |
| Name of Employer<br>Northwestern  |  | Occupation<br>Life Insurance Agent | Contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼           |   |
|   |  | <input type="text"/> 500.00        |   |

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 37  
(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 (AALU PAC)

**A.**

Full Name (Last, First, Middle Initial)  
John Becker

Mailing Address PO Box 8947

City State Zip Code  
Mandeville LA 70470-8947

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

Name of Employer: John D. Becker & Associates  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 05 / 06 / 2010  
Transaction ID: SA11AI-776-1343-c  
Amount of Each Receipt this Period: 500.00  
Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Robert Bennethum

Mailing Address 30800 Telegraph Road Suite 2720

City State Zip Code  
Bingham Farms MI 48025-4594

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

Name of Employer: The Producer's Advantage, Inc.  
Occupation: President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: SA11AI-140-1290-c  
Amount of Each Receipt this Period: 500.00  
Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey Brown

Mailing Address 77 Robby Lane

City State Zip Code  
New Hyde Park NY 11040-1103

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

Name of Employer: Cowan Financial Group  
Occupation: Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: SA11AI-830-1315-c  
Amount of Each Receipt this Period: 600.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1600.00**

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

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

|   |   |             |
|---|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 8 / 37 |
|   | <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 (AALU PAC)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Russell Carpentieri               | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |
|   | Mailing Address 2500 Westchester Avenue                                      | <b>Transaction ID:</b> SA11AI-104-1281-c            |
|   | City State Zip Code<br>Purchase NY 10577-2540                                | Amount of Each Receipt this Period<br>2000.00       |
|   | FEC ID number of contributing federal political committee.<br>C              | Contribution  |
|   | Name of Employer Occupation<br>OPUS Advisory Group, LLC Life Insurance Agent |   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>2000.00  |   |

|   |  |   |
|---|--|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Richard Chaffee       | Date of Receipt<br>MM / DD / YYYY<br>05 / 24 / 2010 |
|   | Mailing Address 11100 Wayzata Boulevard Suite 220                | <b>Transaction ID:</b> SA11AI-111-1391-c            |
|   | City State Zip Code<br>Hopkins MN 55305-5578                     | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C  | Contribution  |
|   | Name of Employer Occupation<br>Chaffee & Associates, LLC Partner |   |
| 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>Joan Cleveland              | Date of Receipt<br>MM / DD / YYYY<br>05 / 07 / 2010 |
|   | Mailing Address 5 Pasture Hill Court                                   | <b>Transaction ID:</b> SA11AI-127-1348-c            |
|   | City State Zip Code<br>Ringoes NJ 08551-1866                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br>C        | Contribution  |
|   | Name of Employer Occupation<br>Prudential Sr VP - Business Development |   |
| 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) .....           | ▶ | 4000.00 |
| <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: (check only one)       | PAGE 9 / 37                  |
|   | <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)  
Association for Advanced Life Underwriting PAC (AALU PAC)

|   |  |   |
|---|--|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Gus Comiskey, Jr.           | Date of Receipt<br>MM / DD / YYYY<br>05 / 12 / 2010 |
|   | Mailing Address 5120 Woodway Drive<br>Suite 6002                       | <b>Transaction ID:</b> SA11AI-198-1360-c            |
|   | City State Zip Code<br>Houston TX 77056-1759                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | Contribution  |
|   | Name of Employer Occupation<br>Clark Consulting Sr. VP                 |   |
| 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>R. Michael Condrey          | Date of Receipt<br>MM / DD / YYYY<br>05 / 05 / 2010 |
|   | Mailing Address 4020 Westchase Boulevard<br>Suite 275                  | <b>Transaction ID:</b> SA11AI-199-1332-c            |
|   | City State Zip Code<br>Raleigh NC 27607-3932                           | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b> | Contribution  |
|   | Name of Employer Occupation<br>Northwestern General Agent              |   |
| 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>Jay Courtney                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 25 / 2010 |
|   | Mailing Address 7428 Marigold Drive   | <b>Transaction ID:</b> SA11AI-2531-1388-c           |
|   | City State Zip Code<br>Irving TX 75063-5504                                 | Amount of Each Receipt this Period<br>1000.00       |
|   | FEC ID number of contributing federal political committee.<br><b>C</b>      | Contribution  |
|   | Name of Employer Occupation<br>Northwestern Mutual Financial Representative |   |
| 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) .....           | ▶ | 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 10 / 37

(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 (AALU PAC)

**A.**

Full Name (Last, First, Middle Initial)  
David Coyle

Mailing Address 95 Sawyer Road

City State Zip Code  
Waltham MA 02453-3471

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
The Coyle Company CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 10 / 2010

**Transaction ID:** SA11AI-208-1347-c

Amount of Each Receipt this Period 500.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Bruce Cumby

Mailing Address 500 Darby Road

City State Zip Code  
Havertown PA 19083-4604

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Eahle Strategies Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2010

**Transaction ID:** SA11AI-2502-1318-c

Amount of Each Receipt this Period 1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Jonathan Curley

Mailing Address 301 S College Street

City State Zip Code  
Charlotte NC 28202-6000

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Wachovia Exec. Benefits Grp. Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2010

**Transaction ID:** SA11AI-218-1286-c

Amount of Each Receipt this Period 1000.00

Contribution

**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 11 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Mayur Dalal  
Mailing Address 1111 Matan Avenue  
City Lake Success State NY Zip Code 11042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Legacy Planning Group, LLC Occupation CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1250.00  
Date of Receipt 05 / 04 / 2010  
Transaction ID: SA11AI-222-1298-c  
Amount of Each Receipt this Period 1250.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Elizabeth DeBenedictis  
Mailing Address 7 Harris Lane  
City Ashland State MA Zip Code 01721-3009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer SunLife Occupation Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00  
Date of Receipt 05 / 04 / 2010  
Transaction ID: SA11AI-1150-1295-c  
Amount of Each Receipt this Period 250.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Anthony Domino  
Mailing Address 800 Westchester Avenue # 407  
City Rye Brook State NY Zip Code 10573-1354  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Associated Benefit Consultants Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00  
Date of Receipt 05 / 26 / 2010  
Transaction ID: SA11AI-259-1397-c  
Amount of Each Receipt this Period 2000.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00  
**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 12 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Robert Donovan

Mailing Address PO Box 785

City State Zip Code  
Linville NC 28646-0785

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

Name of Employer Capital Concepts, LLC      Occupation Partner

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: SA11AI-261-1309-c  
Amount of Each Receipt this Period: 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Carrie Hall

Mailing Address 5628 E Monterosa Street

City State Zip Code  
Phoenix AZ 85018-4646

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

Name of Employer The Nautilus Group      Occupation Life Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: SA11AI-371-1272-c  
Amount of Each Receipt this Period: 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Thomas Harris

Mailing Address 26 Deer Path Road

City State Zip Code  
Doylestown PA 18901-3142

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

Name of Employer Penn Mutual Life Insurance      Occupation Sr Vice President

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt: 05 / 04 / 2010  
Transaction ID: SA11AI-2484-1274-c  
Amount of Each Receipt this Period: 600.00  
Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2600.00

**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: (check only one)   | PAGE 13 / 37 |
|   | <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 (AALU PAC)

|           |   |  |                     |   |   |   |
|-----------|---|--|---------------------|---|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Dermot Healey        |  |                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 07 / 2010 |   |   |
|           | Mailing Address 193 E Grand Avenue<br>Apt. 5                    |  |                     | <b>Transaction ID:</b> SA11AI-392-1352-c            |   |   |
|           | City<br>Old Orchd Bch   |  | State<br>ME         | Zip Code<br>04064-3060                              |   | Amount of Each Receipt this Period<br>1000.00 |
|           | FEC ID number of contributing federal political committee.<br>C |  |                     | Contribution  |   |   |
|           | Name of Employer<br>E. A. Scribner Insurance                    |  | Occupation<br>Agent |   | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

Aggregate Year-to-Date ▼  
1000.00

|           |   |  |                                    |   |   |   |
|-----------|---|--|------------------------------------|---|---|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>James Hebets         |  |                                    | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |   |   |
|           | Mailing Address 2575 E Camelback Road<br>Suite 700              |  |                                    | <b>Transaction ID:</b> SA11AI-396-1322-c            |   |   |
|           | City<br>Phoenix   |  | State<br>AZ                        | Zip Code<br>85016-9209                              |   | Amount of Each Receipt this Period<br>5000.00 |
|           | FEC ID number of contributing federal political committee.<br>C |  |                                    | Contribution  |   |   |
|           | Name of Employer<br>Hebets & Maguire, LLC                       |  | Occupation<br>Life Insurance Agent |   | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |

Aggregate Year-to-Date ▼  
5000.00

|           |   |  |  |   |   |  |
|-----------|---|--|--|---|---|--|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>John Hill            |  |  | Date of Receipt<br>MM / DD / YYYY<br>05 / 26 / 2010 |   |  |
|           | Mailing Address 2 Westminster Close Drive NW                    |  |  | <b>Transaction ID:</b> SA11AI-2532-1396-c           |   |  |
|           | City<br>Atlanta   |  | State<br>GA                            | Zip Code<br>30327-1604                              |   | Amount of Each Receipt this Period<br>500.00 |
|           | FEC ID number of contributing federal political committee.<br>C |  |  | Contribution  |   |  |
|           | Name of Employer<br>Peachtree Planning                          |  | Occupation<br>Executive Vice President |   | Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |

Aggregate Year-to-Date ▼  
500.00

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 6500.00 |
| <b>TOTAL</b> 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: (check only one)  | PAGE 14 / 37 |
|   | <input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12<br><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 (AALU PAC)

|           |   |   |
|-----------|---|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial)<br>Leon Hochheiser  | Date of Receipt<br>MM / DD / YYYY<br>05 / 24 / 2010 |
|           | Mailing Address 527 Town Line Road<br>Suite 202   | <b>Transaction ID:</b> SA11AI-419-1390-c            |
|           | City Hauppauge State NY Zip Code 11788  | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | Contribution  |
|           | Name of Employer Leon J. Hocheiser Company, Inc<br>Occupation Life Insurance Agent<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>500.00 |   |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial)<br>Jeffrey Holler  | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |
|           | Mailing Address 2015 E Lamar Boulevard<br>Suite 100  | <b>Transaction ID:</b> SA11AI-424-1293-c            |
|           | City Arlington State TX Zip Code 76006-7350  | Amount of Each Receipt this Period<br>1000.00       |
|           | FEC ID number of contributing federal political committee. <b>C</b>  | Contribution  |
|           | Name of Employer The Capital Chart Room, Ltd.<br>Occupation Life Insurance Agent<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>Aggregate Year-to-Date ▼<br>1000.00 |   |

|           |   |   |
|-----------|---|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial)<br>Scott Holton   | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |
|           | Mailing Address 1120 Chester Avenue<br>Suite 400  | <b>Transaction ID:</b> SA11AI-429-1317-c            |
|           | City Cleveland State OH Zip Code 44114-3514   | Amount of Each Receipt this Period<br>500.00        |
|           | FEC ID number of contributing federal political committee. <b>C</b>   | Contribution  |
|           | Name of Employer The Todd Organization<br>Occupation Executive Benefits Consultant<br>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼<br>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)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 15 / 37 |
|   | <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 (AALU PAC)

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Samuel Hoyle             |                                      | Date of Receipt   |
|   | Mailing Address 1011 Brooklandwood Road                             |                                      | <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City  | State                                | Zip Code  |
|   | Lutherville   | MD                                   | 21093-3702  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI-2489-1287-c   |
| Name of Employer<br>Monaghan, Tilghman & Hoyle  |   | Occupation<br>Financial Advisor      | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text" value="1000.00"/>  |
|   |   | <input type="text" value="1000.00"/> | Contribution  |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Carol Jensen             |                                      | Date of Receipt   |
|   | Mailing Address 8554 202nd Street SW                                |                                      | <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City  | State                                | Zip Code  |
|   | Edmonds   | WA                                   | 98026-6643  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI-453-1282-c  |
| Name of Employer<br>Pacific Life  |   | Occupation<br>Regional VP            | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text" value="2000.00"/>  |
|   |   | <input type="text" value="2000.00"/> | Contribution  |

|   |   |                                      |   |
|---|---|--------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Kenneth Knox             |                                      | Date of Receipt   |
|   | Mailing Address 112 Donald Lewis Drive                              |                                      | <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City  | State                                | Zip Code  |
|   | Seekonk   | MA                                   | 02771-5717  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                      | <b>Transaction ID:</b> SA11AI-504-1321-c  |
| Name of Employer<br>Penn Mutual   |   | Occupation<br>Life Insurance Agent   | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼             | <input type="text" value="1000.00"/>  |
|   |   | <input type="text" value="1000.00"/> | Contribution  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="4000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 16 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Tom Korb

Mailing Address 11601 Piney Lodge Road

City State Zip Code  
North Potomac MD 20878-2441

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

Name of Employer Occupation  
AALU VP - Policy and Public Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 4 / 2 0 1 0

**Transaction ID:** SA11AI-2490-1288-c

Amount of Each Receipt this Period  
1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
John Lagana

Mailing Address 2100 Riveredge Parkway NW  
Suite 200

City State Zip Code  
Atlanta GA 30328-4663

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

Name of Employer Occupation  
Nease Lagana Eden & Culley Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 3 / 2 0 1 0

**Transaction ID:** SA11AI-530-1330-c

Amount of Each Receipt this Period  
1000.00

Contribution

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

Mailing Address 2639 Royal Dornoch Circle

City State Zip Code  
Delaware OH 43015-8165

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

Name of Employer Occupation  
Nationwide Financial Services Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 5 / 0 7 / 2 0 1 0

**Transaction ID:** SA11AI-532-1349-c

Amount of Each Receipt this Period  
500.00

Contribution

**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 17 / 37  
(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 (AALU PAC)

**A.**

|   |                                    |   |
|---|------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Scott Lane   |                                    | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |
| Mailing Address 6407 Lupton Drive   |                                    | <b>Transaction ID:</b> SA11AI-2500-1308-c           |
| City<br>Dallas  | State<br>TX                        | Zip Code<br>75225-2322                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                    | Amount of Each Receipt this Period<br>500.00        |
| Name of Employer<br>Northwestern Mutual   | Occupation<br>Financial Advisor    | Contribution  |
| 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.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>John Lang  |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 04 / 2010 |
| Mailing Address 234 Mamaroneck Road   |                                     | <b>Transaction ID:</b> SA11AI-2501-1314-c           |
| City<br>Scarsdale   | State<br>NY                         | Zip Code<br>10583-7215                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1200.00       |
| Name of Employer<br>Cambium Group   | Occupation<br>Senior Partner        | Contribution  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>1200.00 |   |

**C.**

|   |                                     |   |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial)<br>Paul LaPiana   |                                     | Date of Receipt<br>MM / DD / YYYY<br>05 / 03 / 2010 |
| Mailing Address 6 Via Monarca Street  |                                     | <b>Transaction ID:</b> SA11AI-535-1331-c            |
| City<br>Dana Point  | State<br>CA                         | Zip Code<br>92629-4082                              |
| FEC ID number of contributing federal political committee.<br><b>C</b>  |                                     | Amount of Each Receipt this Period<br>1000.00       |
| Name of Employer<br>New England Financial   | Occupation<br>Executive             | Contribution  |
| 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) .....           | ▶ | 2700.00 |
| <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: (check only one)   | PAGE 18 / 37 |
|   | <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 (AALU PAC)

|   |   |                                 |   |
|---|---|---------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Fletcher Larson          |                                 | Date of Receipt   |
|   | Mailing Address 515 S Figueroa Street<br>Suite 1455                 |                                 | <input type="text" value="05"/> / <input type="text" value="07"/> / <input type="text" value="2010"/> |
|   | City  | State                           | Zip Code  |
|   | Los Angeles   | CA                              | 90071-3331  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                 | <b>Transaction ID:</b> SA11AI-536-1355-c  |
| Name of Employer<br>Pacific Life  |   | Occupation<br>Managing Director | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼        | <input type="text" value="1000.00"/>  |
|   |   |                                 | Contribution  |

|   |   |                          |   |
|---|---|--------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Lanny Levin              |                          | Date of Receipt   |
|   | Mailing Address 313 Laurel Avenue                                   |                          | <input type="text" value="05"/> / <input type="text" value="08"/> / <input type="text" value="2010"/> |
|   | City  | State                    | Zip Code  |
|   | Highland Park   | IL                       | 60035-2619  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                          | <b>Transaction ID:</b> SA11AI-547-1345-c  |
| Name of Employer<br>Lanny D. Levin Agency, In-<br>c.  |   | Occupation<br>President  | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼ | <input type="text" value="500.00"/>   |
|   |   |                          | Contribution  |

|   |   |                                    |   |
|---|---|------------------------------------|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Luther Lockwood          |                                    | Date of Receipt   |
|   | Mailing Address 610 Museum Drive                                    |                                    | <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City  | State                              | Zip Code  |
|   | Charlotte   | NC                                 | 28207-2336  |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                    | <b>Transaction ID:</b> SA11AI-563-1271-c  |
| Name of Employer<br>Barry Evans Josephs & Sni-<br>pes   |   | Occupation<br>Life Insurance Agent | Amount of Each Receipt this Period  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   | Aggregate Year-to-Date ▼           | <input type="text" value="1000.00"/>  |
|   |   |                                    | Contribution  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="2500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

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

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

FOR LINE NUMBER: PAGE 19 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Timothy Malarkey

Mailing Address 209 Sycamore Lane

City Wallingford State PA Zip Code 19086-6526

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

Name of Employer 1934 Group Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 07 / 2010

Transaction ID: SA11AI-583-1350-c

Amount of Each Receipt this Period 1000.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Antonio Moreno, Jr.

Mailing Address 1507 Place Picardy

City Winter Park State FL Zip Code 32789-1335

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

Name of Employer Moreno, Peelen & Company, LLC Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 04 / 2010

Transaction ID: SA11AI-647-1292-c

Amount of Each Receipt this Period 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Scott Niekamp

Mailing Address 600 Carman Forest Circle

City Ballwin State MO Zip Code 63027

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

Name of Employer Northwestern Mutual Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 05 / 04 / 2010

Transaction ID: SA11AI-2495-1299-c

Amount of Each Receipt this Period 200.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00

**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 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Scott Peelen  
 Mailing Address 15 West Canton Ave.  
 City State Zip Code  
Orlando FL 32789  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Moreno, Peelen & Company, LLC Financial Adviser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 700.00  
 Date of Receipt: 05 / 04 / 2010  
**Transaction ID:** SA11AI-702-1323-c  
 Amount of Each Receipt this Period: 700.00  
 Contribution

**B.** Full Name (Last, First, Middle Initial)  
William Pollack, III  
 Mailing Address 13821 Newport Avenue Suite 170  
 City State Zip Code  
Tustin CA 92780-7833  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Northwestern Mutual Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00  
 Date of Receipt: 05 / 07 / 2010  
**Transaction ID:** SA11AI-1143-1354-c  
 Amount of Each Receipt this Period: 600.00  
 Contribution

**C.** Full Name (Last, First, Middle Initial)  
Joseph Pombriant  
 Mailing Address 600 Kearsarge Way  
 City State Zip Code  
Portsmouth NH 03801-3426  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
Alacrity Financial President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00  
 Date of Receipt: 05 / 04 / 2010  
**Transaction ID:** SA11AI-723-1279-c  
 Amount of Each Receipt this Period: 5000.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 6300.00  
**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 / 37

(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 (AALU PAC)

**A.**

Full Name (Last, First, Middle Initial)

Lawrence Raymond

Mailing Address 230 Woodberry Drive

City State Zip Code  
Bloomfield MI 48304-3561

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

Name of Employer Occupation  
Alliance Benefit Group of MI President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 5 / 1 7 / 2 0 1 0

Transaction ID: SA11AI-746-1398-c

Amount of Each Receipt this Period

2000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Donald Reichert

Mailing Address 619 Halton Road

City State Zip Code  
Greenville SC 29607-6600

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

Name of Employer Occupation  
Capital Design Associates President

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

Date of Receipt

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

Transaction ID: SA11AI-2488-1284-c

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Michael Rosenzweig

Mailing Address 2 Park Avenue # 301

City State Zip Code  
New York NY 10016-5675

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

Name of Employer Occupation  
Rosenzweig Financial Services President

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

Date of Receipt

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

Transaction ID: SA11AI-773-1311-c

Amount of Each Receipt this Period

1000.00

Contribution

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

4000.00

**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 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Norman Ross

Mailing Address 1 Gracie Terrace  
Apt. 14E

City State Zip Code  
New York NY 10028-7958

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

Name of Employer Occupation  
The Ross Companies Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
MM / DD / YYYY  
05 / 25 / 2010

**Transaction ID:** SA11AI-838-1389-c

Amount of Each Receipt this Period  
600.00

Contribution

**B.** Full Name (Last, First, Middle Initial)  
Robert Rubin

Mailing Address 3900 NW 23rd Terrace

City State Zip Code  
Boca Raton FL 33431-5405

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

Name of Employer Occupation  
Rubin Herrington, LLC Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11AI-846-1306-c

Amount of Each Receipt this Period  
500.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Frank Schwartz

Mailing Address 3048 Springmills Drive

City State Zip Code  
Springfield IL 62704

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

Name of Employer Occupation  
Lucco Schwartz Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
05 / 03 / 2010

**Transaction ID:** SA11AI-2506-1325-c

Amount of Each Receipt this Period  
1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2100.00**

**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 23 / 37                 |
|   | <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)  
Association for Advanced Life Underwriting PAC (AALU PAC)

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>David Scott     |                                      | Date of Receipt   |
|   | Mailing Address 313 Wyckford Drive                         |                                      | <input type="text" value="05"/> / <input type="text" value="04"/> / <input type="text" value="2010"/> |
|   | City   | State                                | Zip Code  |
|   | Perkasie   | PA                                   | 18944-1261  |
|   | FEC ID number of contributing federal political committee. |                                      | <input type="text" value="C"/>  |
| Name of Employer<br>Penn Mutual Life Insurance Com  |  | Occupation<br>Life Insurance Agent   | Transaction ID: SA11AI-882-1319-c   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             |   |
|   |  | <input type="text" value="1000.00"/> |   |
|   |  | Amount of Each Receipt this Period   | <input type="text" value="1000.00"/>  |
|   |  | Contribution                         |   |

|   |  |                                      |   |
|---|--|--------------------------------------|---|
| <b>B.</b>   | Full Name (Last, First, Middle Initial)<br>Thomas Sellin   |                                      | Date of Receipt   |
|   | Mailing Address 4047 Ptarmigan                             |                                      | <input type="text" value="05"/> / <input type="text" value="10"/> / <input type="text" value="2010"/> |
|   | City   | State                                | Zip Code  |
|   | Star   | ID                                   | 83669   |
|   | FEC ID number of contributing federal political committee. |                                      | <input type="text" value="C"/>  |
| Name of Employer<br>Sellin Advisor Group  |  | Occupation<br>Life Insurance Agent   | Transaction ID: SA11AI-884-1346-c   |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼             |   |
|   |  | <input type="text" value="5000.00"/> |   |
|   |  | Amount of Each Receipt this Period   | <input type="text" value="5000.00"/>  |
|   |  | Contribution                         |   |

|   |  |  |   |
|---|--|--|---|
| <b>C.</b>   | Full Name (Last, First, Middle Initial)<br>Jack Sheets     |  | Date of Receipt   |
|   | Mailing Address 12221 Merit Drive                          |  | <input type="text" value="05"/> / <input type="text" value="13"/> / <input type="text" value="2010"/> |
|   | City   | State                                  | Zip Code  |
|   | Dallas   | TX                                     | 75251-2202  |
|   | FEC ID number of contributing federal political committee. |  | <input type="text" value="C"/>  |
| Name of Employer<br>Northwestern Mutual   |  | Occupation<br>Financial Representative | Transaction ID: SA11AI-2522-1374-c  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼               |   |
|   |  | <input type="text" value="1200.00"/>   |   |
|   |  | Amount of Each Receipt this Period     | <input type="text" value="1200.00"/>  |
|   |  | Contribution                           |   |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | <input type="text" value="7200.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|   |   |              |
|---|---|--------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 24 / 37 |
|   | <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 (AALU PAC)

|   |   |                                     |                                       |   |
|---|---|-------------------------------------|---------------------------------------|---|
| <b>A.</b>   | Full Name (Last, First, Middle Initial)<br>Matthew Sullivan         |                                     | Date of Receipt                       |   |
|   | Mailing Address 14 Sawmill Court                                    |                                     | M M / D D / Y Y Y Y<br>05 / 04 / 2010 |   |
|   | City  | State                               | Zip Code                              | <b>Transaction ID:</b> SA11AI-2408-1303-c |
|   | Mansfield   | MA                                  | 02048-3280                            | Amount of Each Receipt this Period        |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | 1000.00                               |   |
| Name of Employer<br>Pacific Life  |   | Occupation<br>Sales                 |                                       | Contribution                              |
| 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>Forrest Surles           |                                     | Date of Receipt                       |  |
|   | Mailing Address 2121 Sage Road Suite 355                            |                                     | M M / D D / Y Y Y Y<br>05 / 04 / 2010 |  |
|   | City  | State                               | Zip Code                              | <b>Transaction ID:</b> SA11AI-946-1291-c |
|   | Houston   | TX                                  | 77056-4307                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | 1000.00                               |  |
| Name of Employer<br>The Forrest Group, L.L.C.   |   | Occupation<br>Principal             |                                       | Contribution                             |
| 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>Matthew Tassey           |                                     | Date of Receipt                       |  |
|   | Mailing Address 482 Congress Street Suite 502                       |                                     | M M / D D / Y Y Y Y<br>05 / 07 / 2010 |  |
|   | City  | State                               | Zip Code                              | <b>Transaction ID:</b> SA11AI-955-1351-c |
|   | Portland  | ME                                  | 04101-3493                            | Amount of Each Receipt this Period       |
|   | FEC ID number of contributing federal political committee. <b>C</b> |                                     | 1000.00                               |  |
| Name of Employer<br>Scribner Insurance  |   | Occupation<br>Agent                 |                                       | Contribution                             |
| 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) .....           | ▶ | 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 25 / 37

(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 (AALU PAC)

**A.**

Full Name (Last, First, Middle Initial)

Barbara Tomeo

Mailing Address 4767 Lakeshore Loop

City State Zip Code  
Oldsmar FL 34677-6315

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

Name of Employer Occupation  
Thomas Financial Group Director of Operations

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

Date of Receipt

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

Transaction ID: SA11AI-978-1304-c

Amount of Each Receipt this Period

1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)

Bruce Udell

Mailing Address 393 N Point Road  
Suite 901

City State Zip Code  
Osprey FL 34229-6824

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

Name of Employer Occupation  
Udell Associates Partner

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

Date of Receipt

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

Transaction ID: SA11AI-991-1312-c

Amount of Each Receipt this Period

1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)

Walter Van Buren

Mailing Address 1721 Paper Mill Road

City State Zip Code  
Meadowbrook PA 19046-1018

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

Name of Employer Occupation  
CBIZ Benefits & Ins. Services Life 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  
0 5 / 0 4 / 2 0 1 0

Transaction ID: SA11AI-993-1310-c

Amount of Each Receipt this Period

1000.00

Contribution

**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 26 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
E. Hardy Vaughn  
Mailing Address PO Box 532017  
City Orlando State FL Zip Code 32853-2017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Vaughn Group, Inc. Occupation Partner  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 07 / 2010  
Transaction ID: SA11AI-998-1356-c  
Amount of Each Receipt this Period 1000.00  
Contribution

**B.** Full Name (Last, First, Middle Initial)  
Paul Vecchione  
Mailing Address 6 Matthews Farm Road  
City Belle Mead State NJ Zip Code 08502-5329  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Amper Financial Services Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 3000.00  
Date of Receipt 05 / 04 / 2010  
Transaction ID: SA11AI-999-1283-c  
Amount of Each Receipt this Period 1000.00  
Contribution

**C.** Full Name (Last, First, Middle Initial)  
Mark Vehslage  
Mailing Address 9505 Edith Lane  
City Dallas State TX Zip Code 75220-3776  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Northwestern Mutual Occupation CPA  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 05 / 04 / 2010  
Transaction ID: SA11AI-2491-1289-c  
Amount of Each Receipt this Period 1000.00  
Contribution

**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 27 / 37  
(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 (AALU PAC)

**A.** Full Name (Last, First, Middle Initial)  
Paul Vignone

Mailing Address 214 Cedar Avenue

City State Zip Code  
Allenhurst NJ 07711-1106

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

Name of Employer Vignone Grossman Agency      Occupation Life Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt: MM / DD / YYYY  
05 / 05 / 2010

**Transaction ID:** SA11AI-1003-1333-c

Amount of Each Receipt this Period: 1200.00

Contribution

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

Mailing Address 7965 Washington Woods Drive

City State Zip Code  
Dayton OH 45459-4026

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

Name of Employer American Financial Services      Occupation Life Insurance Agent

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 04 / 2010

**Transaction ID:** SA11AI-1027-1320-c

Amount of Each Receipt this Period: 1000.00

Contribution

**C.** Full Name (Last, First, Middle Initial)  
Norman Winer

Mailing Address 8927 S Minnehaha Circle

City State Zip Code  
Minneapolis MN 55426-3732

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

Name of Employer National Benefits Group, Inc.      Occupation CEO

Receipt For:  Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: MM / DD / YYYY  
05 / 12 / 2010

**Transaction ID:** SA11AI-1046-1358-c

Amount of Each Receipt this Period: 1000.00

Contribution

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

**TOTAL** This Period (last page this line number only) ..... ► **73900.00**

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 37

|                                     |     |                          |     |                          |     |                          |     |                          |    |                          |     |
|-------------------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|-----|--------------------------|----|--------------------------|-----|
| <input checked="" 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 type="checkbox"/> | 29 | <input type="checkbox"/> | 30b |

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NAME OF COMMITTEE (In Full)

Association for Advanced Life Underwriting PAC (AALU PAC)

A.

Full Name (Last, First, Middle Initial)

AALU

Transaction ID: SB21B-1186-1342-e

Date of Disbursement

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

Mailing Address 2901 Telestar Court  
Floor 4

City Falls Church State VA Zip Code 22042-1260

Amount of Each Disbursement this Period

|         |
|---------|
| 2500.00 |
|---------|

Purpose of Disbursement  
Pre-Payment For Future Campaign-Related Exp.

|                   |
|-------------------|
| 001               |
| Category/<br>Type |

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

|         |
|---------|
| 2500.00 |
|---------|

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)  
Association for Advanced Life Underwriting PAC (AALU PAC)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Bachus For Congress  | Transaction ID: SB23-2536-1404-e<br>Date of Disbursement   |
|    | Mailing Address PO Box 131134   | <input type="text" value="05"/> <input type="text" value="27"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Birmingham State AL Zip Code 35213-6134  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="2500.00"/>   |
|    | Candidate Name Spencer T. Bachus  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District: 06 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Bennet For Colorado   | Transaction ID: SB23-2399-1370-e<br>Date of Disbursement   |
|    | Mailing Address 2300 15th Street Suite 425   | <input type="text" value="05"/> <input type="text" value="14"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Denver State CO Zip Code 80202-1139   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution   | <input type="text" value="1000.00"/>   |
|    | Candidate Name Michael F. Bennet   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CO District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Charles Boustany Jr. MD For Congress   | Transaction ID: SB23-2339-1392-e<br>Date of Disbursement   |
|    | Mailing Address PO Box 80126  | <input type="text" value="05"/> <input type="text" value="26"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Lafayette State LA Zip Code 70598-0126   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="2000.00"/>   |
|    | Candidate Name Dr. Charles Boustany Jr.   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: LA District: 07 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

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

**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 (AALU PAC)

|    |   |  |
|----|---|--|
| A. | Full Name (Last, First, Middle Initial)<br>Dave Camp For Congress 2010  | Transaction ID: SB23-1221-1364-e<br>Date of Disbursement   |
|    | Mailing Address 5915 Eastman Avenue<br>Suite 100  | <input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Midland State MI Zip Code 48640-6824   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="2000.00"/>   |
|    | Candidate Name David Lee Camp   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MI District: 04 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |   |
|----|--|---|
| B. | Full Name (Last, First, Middle Initial)<br>DSCC  | Transaction ID: SB23-2338-1362-e<br>Date of Disbursement  |
|    | Mailing Address 120 Maryland Avenue NE   | <input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>         |
|    | City Washington State DC Zip Code 20002-5610   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution   | <input type="text" value="15000.00"/>   |
|    | Candidate Name DSCC  | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Ellison For Congress   | Transaction ID: SB23-2528-1383-e<br>Date of Disbursement   |
|    | Mailing Address PO Box 6072   | <input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Minneapolis State MN Zip Code 55406-0072   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>   |
|    | Candidate Name Keith Maurice Ellison  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MN District: 05 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                       |
|--|---------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="18000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                  |

**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 (AALU PAC)

|    |  |   |
|----|--|---|
| A. | Full Name (Last, First, Middle Initial)<br>ERICPAC   | Transaction ID: SB23-2337-1393-e<br>Date of Disbursement<br>05 / 27 / 2010  |
|    | Mailing Address 25 E Main Street<br>Suite 200  | Amount of Each Disbursement this Period<br>5000.00  |
|    | City Richmond State VA Zip Code 23219-2109   |   |
|    | Purpose of Disbursement Contribution<br>Candidate Name   | 011<br>Category/<br>Type  |
|    | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Friends For Harry Reid  | Transaction ID: SB23-1228-1367-e<br>Date of Disbursement<br>05 / 14 / 2010   |
|    | Mailing Address PO Box 19163   | Amount of Each Disbursement this Period<br>1500.00   |
|    | City Las Vegas State NV Zip Code 89132-0163  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Harry Reid  | 011<br>Category/<br>Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NV District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Friends of Dan Maffei  | Transaction ID: SB23-2359-1371-e<br>Date of Disbursement<br>05 / 14 / 2010   |
|    | Mailing Address PO Box 74   | Amount of Each Disbursement this Period<br>1000.00   |
|    | City Syracuse State NY Zip Code 13214-0074  |  |
|    | Purpose of Disbursement Contribution<br>Candidate Name Daniel Benjamin Maffei   | 011<br>Category/<br>Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NY District: 25 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 7500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... |         |

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 37

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 (AALU PAC)

|   |  |
|---|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Friends of John McCain</p> <p>Mailing Address PO Box 16664</p> <p>City Arlington State VA Zip Code 22215-1664</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name John S. McCain</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: AZ District:</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> SB23-2509-1328-e<br/><b>Date of Disbursement</b><br/>05 / 03 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2400.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Schumer</p> <p>Mailing Address 509 Madison Avenue Suite 1902</p> <p>City New York State NY Zip Code 10022-5501</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name Charles E. Schumer</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NY District:</p> <p>Disbursement For: 2010<br/><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p> | <p><b>Transaction ID:</b> SB23-2290-1378-e<br/><b>Date of Disbursement</b><br/>05 / 17 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Friends of Sherrod Brown</p> <p>Mailing Address PO Box 76187</p> <p>City Washington State DC Zip Code 20013-6187</p> <p>Purpose of Disbursement Contribution<br/>Contribution</p> <p>Candidate Name Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: OH District:</p> <p>Disbursement For: 2012<br/><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br/><input type="checkbox"/> Other (specify) ▼</p>               | <p><b>Transaction ID:</b> SB23-2397-1369-e<br/><b>Date of Disbursement</b><br/>05 / 14 / 2010</p> <p>Amount of Each Disbursement this Period<br/>1500.00</p> <p>011<br/>Category/<br/>Type</p> |

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

5400.00

**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 (AALU PAC)

|    |  |  |
|----|--|--|
| A. | Full Name (Last, First, Middle Initial)<br>Grassley Committee  | Transaction ID: SB23-2295-1365-e<br>Date of Disbursement   |
|    | Mailing Address PO Box 1000  | <input type="text" value="05"/> <input type="text" value="12"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Des Moines State IA Zip Code 50304-1000   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution   | <input type="text" value="1000.00"/>   |
|    | Candidate Name Charles E. Grassley   | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IA District: | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |  |  |
|----|--|--|
| B. | Full Name (Last, First, Middle Initial)<br>Hatch Election Committee Inc.   | Transaction ID: SB23-1208-1373-e<br>Date of Disbursement   |
|    | Mailing Address 175 S West Temple Suite 650  | <input type="text" value="05"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Salt Lake Cty State UT Zip Code 84101-1422  | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution   | <input type="text" value="2500.00"/>   |
|    | Candidate Name Orrin G. Hatch  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: UT District: | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|    |   |  |
|----|---|--|
| C. | Full Name (Last, First, Middle Initial)<br>Jim Himes For Congress   | Transaction ID: SB23-2378-1385-e<br>Date of Disbursement   |
|    | Mailing Address 857 Post Road # 312   | <input type="text" value="05"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="10"/>                    |
|    | City Fairfield State CT Zip Code 06824-6041   | Amount of Each Disbursement this Period  |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>   |
|    | Candidate Name Jim Himes  | <input type="text" value="011"/> Category/Type   |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 04 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4500.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**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 34 / 37

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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 (AALU PAC)

|    |   |   |
|----|---|---|
| A. | Full Name (Last, First, Middle Initial)<br>Joe Donnelly For Congress  | Transaction ID: SB23-2361-1384-e<br>Date of Disbursement  |
|    | Mailing Address PO Box 1961   | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City South Bend State IN Zip Code 46634-1961  | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>  |
|    | Candidate Name Joseph Simon Donnelly  | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: IN District: 02 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |

|    |   |   |
|----|---|---|
| B. | Full Name (Last, First, Middle Initial)<br>Larson For Congress  | Transaction ID: SB23-2250-1386-e<br>Date of Disbursement  |
|    | Mailing Address 29 Ruff Circle  | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City Glastonbury State CT Zip Code 06033-1437   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution  | <input type="text" value="1000.00"/>  |
|    | Candidate Name John B. Larson   | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: CT District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |

|    |  |   |
|----|--|---|
| C. | Full Name (Last, First, Middle Initial)<br>Marco Rubio For US Senate   | Transaction ID: SB23-2525-1382-e<br>Date of Disbursement  |
|    | Mailing Address 2030 S Douglas Road Suite 105  | <input type="text" value="05"/> <input type="text" value="05"/> / <input type="text" value="21"/> <input type="text" value="21"/> / <input type="text" value="20"/> <input type="text" value="20"/> <input type="text" value="10"/> <input type="text" value="10"/> |
|    | City Coral Gables State FL Zip Code 33134-4615   | Amount of Each Disbursement this Period   |
|    | Purpose of Disbursement Contribution   | <input type="text" value="2000.00"/>  |
|    | Candidate Name Marco Rubio   | <input type="text" value="011"/> Category/Type  |
|    | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: FL District: | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼  |

|  |                                      |
|--|--------------------------------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <input type="text" value="4000.00"/> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <input type="text"/>                 |

**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 (AALU PAC)

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| A.      | Full Name (Last, First, Middle Initial)<br>Minnick For Congress   | Transaction ID: SB23-2517-1366-e<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 8150 W Emerald Street<br>Suite 170  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 5   |  | 1       | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Boise State ID Zip Code 83704-9062   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>Walter Clifford Minnick   | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01 | Disbursement For: 2010<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|---|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| B.      | Full Name (Last, First, Middle Initial)<br>Minnick For Congress   | Transaction ID: SB23-2517-1381-e<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address 8150 W Emerald Street<br>Suite 170  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 2 | 7 |  | 2 | 0 | 1 |
| M       | M   | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 5   |  | 2       | 7 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Boise State ID Zip Code 83704-9062   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution  | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>Walter Clifford Minnick   | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |   |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br>State: ID District: 01 | Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|         |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|---------|--|--|---------|---|---|---|---|---|---|---|---|---|---|---|--|---|---|--|---|---|---|
| C.      | Full Name (Last, First, Middle Initial)<br>Montanans For Tester  | Transaction ID: SB23-2382-1368-e<br>Date of Disbursement   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Mailing Address PO Box 1135  | <table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>5</td><td></td><td>1</td><td>4</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table> | M       | M | / | D | D | / | Y | Y | Y | Y | 0 | 5 |  | 1 | 4 |  | 2 | 0 | 1 |
| M       | M  | /  | D       | D | / | Y | Y | Y | Y |   |   |   |   |   |  |   |   |  |   |   |   |
| 0       | 5  |  | 1       | 4 |   | 2 | 0 | 1 | 0 |   |   |   |   |   |  |   |   |  |   |   |   |
|         | City Helena State MT Zip Code 59624-1135   | Amount of Each Disbursement this Period  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Purpose of Disbursement Contribution   | <table border="1"><tr><td>1000.00</td></tr></table>  | 1000.00 |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 1000.00 |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Candidate Name<br>Jon Tester   | <table border="1"><tr><td>011</td></tr></table><br>Category/<br>Type   | 011     |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
| 011     |  |  |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |
|         | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: MT District: | Disbursement For: 2012<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼   |         |   |   |   |   |   |   |   |   |   |   |   |  |   |   |  |   |   |   |

|  |   |         |
|--|---|---------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <table border="1"><tr><td>3000.00</td></tr></table> | 3000.00 |
| 3000.00  |   |         |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <table border="1"><tr><td></td></tr></table>        |         |
|  |   |         |

# 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 (AALU PAC)

|  |  |
|--|--|
| <p><b>A.</b> Full Name (Last, First, Middle Initial)<br/>Oliverio For Congress</p> <p>Mailing Address 1199 Van Voorhis Road<br/>Suite 6</p> <p>City Morgantown State WV Zip Code 26505-3495</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Michael A. Oliverio</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: WV District: 01</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> SB23-2507-1327-e<br/><b>Date of Disbursement</b><br/>05 / 05 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2500.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>B.</b> Full Name (Last, First, Middle Initial)<br/>Peters For Congress</p> <p>Mailing Address PO Box 226</p> <p>City Bloomfield State MI Zip Code 48303-0226</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Gary Peters</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: MI District: 09</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> SB23-2363-1379-e<br/><b>Date of Disbursement</b><br/>05 / 18 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> |
| <p><b>C.</b> Full Name (Last, First, Middle Initial)<br/>Scott Garrett For Congress</p> <p>Mailing Address PO Box 905</p> <p>City Newton State NJ Zip Code 07860-0905</p> <p>Purpose of Disbursement Contribution<br/>Candidate Name Scott Garrett</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President<br/>State: NJ District: 05</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> SB23-2513-1363-e<br/><b>Date of Disbursement</b><br/>05 / 11 / 2010</p> <p>Amount of Each Disbursement this Period<br/>2000.00</p> <p>011<br/>Category/<br/>Type</p> |

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

6500.00

**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 (AALU PAC)

|   |  |
|---|--|
| <b>A.</b><br>Full Name (Last, First, Middle Initial)<br>Shelby For US Senate<br><hr/> Mailing Address PO Box 1091<br><hr/> City Tuscaloosa State AL Zip Code 35403-1091<br>Purpose of Disbursement Contribution<br>Candidate Name Richard C. Shelby<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: AL District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼     | Transaction ID: SB23-2380-1372-e<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 4 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>1000.00<br>Category/Type<br>011                             |
| <b>B.</b><br>Full Name (Last, First, Middle Initial)<br>The Richard Burr Committee<br><hr/> Mailing Address PO Box 5928<br><hr/> City Winston Salem State NC Zip Code 27113-5928<br>Purpose of Disbursement Contribution<br>Candidate Name Richard Burr<br>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President<br>State: NC District:<br>Disbursement For: 2010<br><input type="checkbox"/> Primary <input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Transaction ID: SB23-2328-1377-e<br>Date of Disbursement<br>M M / D D / Y Y Y Y<br>0 5 / 1 7 / 2 0 1 0 |
|   | Amount of Each Disbursement this Period<br>3000.00<br>Category/Type<br>011                             |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | 4000.00  |
| <b>TOTAL</b> This Period (last page this line number only) ..... | 58400.00 |