

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>		<input type="text" value="184637.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184637.93"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="69354.31"/>	<input type="text" value="69354.31"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="253992.24"/>	<input type="text" value="253992.24"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="30729.31"/>	<input type="text" value="30729.31"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="223262.93"/>	<input type="text" value="223262.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	57375	57375
(ii) Unitemized	5750	5750
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	63125	63125
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	5000	5000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	68125	68125
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	1229.31	1229.31
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	69354.31	69354.31
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	69354.31	69354.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	1229.31	1229.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1229.31	1229.31
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29500	29500
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	30729.31	30729.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30729.31	30729.31

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	68125	68125
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68125	68125
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1229.31	1229.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1229.31	1229.31

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

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

A. Glenn J. Arons
 Full Name (Last, First, Middle Initial)
 Mailing Address 14710 Pettit Way
 City Potomac State MD Zip Code 20854-6015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Arons & Associates Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 04 / 2016
Transaction ID : 164-6972-c
 Amount of Each Receipt this Period
 1000
 Contribution

B. Kristin L. Barens
 Full Name (Last, First, Middle Initial)
 Mailing Address 2321 Edgewater Way
 City Santa Barbara State CA Zip Code 93109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer MBS Financial Occupation Executive Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 186-7076-c
 Amount of Each Receipt this Period
 2500
 Contribution

C. Daniel B. Barry
 Full Name (Last, First, Middle Initial)
 Mailing Address 8207 Lake Providence Drive
 City Weddington State NC Zip Code 28104-9540
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lockton Companies Occupation Senior VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : 192-7007-c
 Amount of Each Receipt this Period
 1500
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<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)

A. Jerry Borrowman
Full Name (Last, First, Middle Initial)
Mailing Address 1436 E Bella Vie Ct
City Salt Lake Cty State UT Zip Code 84121
FEC ID number of contributing federal political committee. **C**
Name of Employer Penn Mutual Life Insurance Occupation President, AS&PD
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1000

Date of Receipt 01 / 14 / 2016
Transaction ID : 807-7034-c
Amount of Each Receipt this Period 1000
Contribution

B. Deanna S. Brooks
Full Name (Last, First, Middle Initial)
Mailing Address 3470 NE Klickitat Street
City Portland State OR Zip Code 97212-2669
FEC ID number of contributing federal political committee. **C**
Name of Employer M Benefit Solutions Occupation Consultant
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 500

Date of Receipt 01 / 13 / 2016
Transaction ID : 828-7013-c
Amount of Each Receipt this Period 500
Contribution

C. R. Bruce Callahan
Full Name (Last, First, Middle Initial)
Mailing Address 1200 Barton Creek Boulevard Apt. 61
City Austin State TX Zip Code 78735-1634
FEC ID number of contributing federal political committee. **C**
Name of Employer NFP Partners Occupation Vice Chairman Emeritus
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 2500

Date of Receipt 01 / 13 / 2016
Transaction ID : 97-7011-c
Amount of Each Receipt this Period 2500
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: (check only one)	PAGE 8 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Fred W. Churchley III
 Full Name (Last, First, Middle Initial)
 Mailing Address 2851 Interlocken Drive
 City Evergreen State CO Zip Code 80439-8805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Churchley Financial Group Occupation Insurance Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 01 / 20 / 2016
Transaction ID : 122-7051-c
 Amount of Each Receipt this Period 1500
 Contribution

B. Joseph R. Crea
 Full Name (Last, First, Middle Initial)
 Mailing Address 2609 Hidden Canyon Drive
 City Brecksville State OH Zip Code 44141-3533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benefits Resource Group Occupation President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 01 / 14 / 2016
Transaction ID : 212-7030-c
 Amount of Each Receipt this Period 1500
 Contribution

C. Anthony C. DeBruyn
 Full Name (Last, First, Middle Initial)
 Mailing Address 10000 N Central Expressway Suite 1000
 City Dallas State TX Zip Code 75231-4128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Capital Plan, Inc. Occupation CEO & President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 01 / 04 / 2016
Transaction ID : 234-6969-c
 Amount of Each Receipt this Period 1000
 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 9 OF 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Chris Dyrhaug
 Full Name (Last, First, Middle Initial)
 Mailing Address 519 Laurel Road
 City State Zip Code
 Ridgewood NJ 07450-5211
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Guardian Life Managing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 13 / 2016
Transaction ID : 3557-7006-c
 Amount of Each Receipt this Period
 1500
 Contribution

B. Darren Gerstenblatt
 Full Name (Last, First, Middle Initial)
 Mailing Address 4 Harding Drive
 City State Zip Code
 Rye NY 10580-1313
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Lenox Advisors Managing Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : 3702-7043-c
 Amount of Each Receipt this Period
 500
 Contribution

C. Grant D. Gier
 Full Name (Last, First, Middle Initial)
 Mailing Address 106 S Wynstone Park Drive
 Suite 103A
 City State Zip Code
 North Barrington IL 60010-6965
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Northwestern Mutual Financial Advisor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 338-7029-c
 Amount of Each Receipt this Period
 1500
 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: (check only one)	PAGE 10 OF 31
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A. Todd S. Healy
Full Name (Last, First, Middle Initial)

Mailing Address 8401 N Central Expway
Suite 645

City Dallas State TX Zip Code 75225

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

Name of Employer Texas Financial Partners Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500

Date of Receipt
01 / 25 / 2016
Transaction ID : 393-7065-c

Amount of Each Receipt this Period
1500

Contribution

B. Thomas J. Henske
Full Name (Last, First, Middle Initial)

Mailing Address 10 Poplar Plains Road

City Westport State CT Zip Code 06880-1041

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

Name of Employer Lenox Advisors Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500

Date of Receipt
01 / 19 / 2016
Transaction ID : 3255-7046-c

Amount of Each Receipt this Period
1500

Contribution

C. Laurence E. Herman
Full Name (Last, First, Middle Initial)

Mailing Address 715 Enterprise Drive

City Oak Brook State IL Zip Code 60523-1907

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

Name of Employer Herman Agency, Inc. Occupation Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000

Date of Receipt
01 / 25 / 2016
Transaction ID : 405-7066-c

Amount of Each Receipt this Period
1000

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: (check only one)	PAGE 11 OF 31
	<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)

A. R. Marshall Jones
Full Name (Last, First, Middle Initial)

Mailing Address 103 Via Paradiso

City State Zip Code
Palm Beach Gardens FL 33418-6204

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

Name of Employer Occupation
Jones Lowry Insurance Agent/ President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 21 / 2016

Transaction ID : 461-7057-c

Amount of Each Receipt this Period
375

Contribution

B. Allan M. Kaplan
Full Name (Last, First, Middle Initial)

Mailing Address 35 E Wacker Drive Suite 3200

City State Zip Code
Chicago IL 60601-2102

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

Name of Employer Occupation
New Century Planners, LLC Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 29 / 2016

Transaction ID : 477-7081-c

Amount of Each Receipt this Period
500

Contribution

C. David W. Karr
Full Name (Last, First, Middle Initial)

Mailing Address 1290 Avenue of the Americas

City State Zip Code
New York NY 10104

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

Name of Employer Occupation
Axa Advisors Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : 480-7063-c

Amount of Each Receipt this Period
1500

Contribution

SUBTOTAL of Receipts This Page (optional).....	2375.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<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)

A. Kelly G. Kidwell
 Full Name (Last, First, Middle Initial)
 Mailing Address 335 Alamosa Dr
 City Claremont State CA Zip Code 91711-1915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Pacific Advisors Occupation President/CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2500**

Date of Receipt **01 / 27 / 2016**
Transaction ID : 1070-7069-c
 Amount of Each Receipt this Period **2500**
 Contribution

B. Gregory K. Large
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 8020
 City Garden City State NY Zip Code 11530-8020
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lenox Advisors Occupation Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1500**

Date of Receipt **01 / 13 / 2016**
Transaction ID : 3253-7005-c
 Amount of Each Receipt this Period **1500**
 Contribution

C. Michael H. Lyman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6050 78th Avenue SE
 City Mercer Island State WA Zip Code 98040-4823
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Lyman Group LLC Occupation Life Insurance-Managing Partner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **1500**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 573-7032-c
 Amount of Each Receipt this Period **1500**
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. John G. Marshall
 Full Name (Last, First, Middle Initial)
 Mailing Address 2539 Stoneykirk Ct
 City Rochester State MI Zip Code 48306
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lovasco Consulting Group Occupation Sr Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 20 / 2016
Transaction ID : 592-7054-c
 Amount of Each Receipt this Period
 1500
 Contribution

B. John S. McSwaney
 Full Name (Last, First, Middle Initial)
 Mailing Address 7030 SE Harbor Circle
 City Stuart State FL Zip Code 34996-1922
 FEC ID number of contributing federal political committee. **C**
 Name of Employer McSwaney & Assoc. Consulting Occupation Life Insurance Agent
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2016
Transaction ID : 614-7075-c
 Amount of Each Receipt this Period
 1500
 Contribution

C. John Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 13 Whippany Avenue
 City Warren State NJ Zip Code 07059-5774
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Lenox Advisors Occupation Managing Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 14 / 2016
Transaction ID : 3800-7033-c
 Amount of Each Receipt this Period
 1500
 Contribution

SUBTOTAL of Receipts This Page (optional).....	▶	4500.00
TOTAL This Period (last page this line number only).....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<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)

A. Dennis P. Mullen
Full Name (Last, First, Middle Initial)

Mailing Address 23 Manor Road

City Old Greenwich State CT Zip Code 06870

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

Name of Employer Fifth Avenue Financial Occupation Managing Director, Brokerage

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 14 / 2016

Transaction ID : 1133-7031-c

Amount of Each Receipt this Period
1500

Contribution

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

Mailing Address 15 W 6th Street, 25th Flr

City Tulsa State OK Zip Code 74119-5415

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

Name of Employer Integrated Financial Occupation Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 15 / 2016

Transaction ID : 673-7039-c

Amount of Each Receipt this Period
375

Contribution

C. Gregory L. Olsen
Full Name (Last, First, Middle Initial)

Mailing Address 478 Central Park W Apt. 4D

City New York State NY Zip Code 10025-3353

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

Name of Employer Lenox Advisors Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : 3256-7009-c

Amount of Each Receipt this Period
1500

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3375.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 15 OF 31
(check only one)

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

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

A. Brian E. Pangburn
Full Name (Last, First, Middle Initial)

Mailing Address 301 Major Parkway

City New Roads State LA Zip Code 70760-2679

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

Name of Employer The Pangburn Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt **01 / 14 / 2016**

Transaction ID : 688-7024-c

Amount of Each Receipt this Period **375**

Contribution

B. Scott B. Peelen
Full Name (Last, First, Middle Initial)

Mailing Address 201 W Canton Avenue Suite 201

City Winter Park State FL Zip Code 32789-3154

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **375**

Date of Receipt **01 / 15 / 2016**

Transaction ID : 702-7038-c

Amount of Each Receipt this Period **375**

Contribution

C. Robert B. Plybon
Full Name (Last, First, Middle Initial)

Mailing Address 6518 Airport Center Drive Suite 101

City Greensboro State NC Zip Code 27409-9606

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

Name of Employer Plybon & Associates, Inc. Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **01 / 20 / 2016**

Transaction ID : 720-7052-c

Amount of Each Receipt this Period **1500**

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 31
	<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)

A. William F. Pollak III
Full Name (Last, First, Middle Initial)

Mailing Address 13821 Newport Avenue
Suite 170

City Tustin State CA Zip Code 92780-7833

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

Name of Employer Northwestern Mutual Occupation Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 06 / 2016

Transaction ID : 1143-7002-c

Amount of Each Receipt this Period
1000

Contribution

B. John M. Qualy
Full Name (Last, First, Middle Initial)

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105

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

Name of Employer Northwestern Mutual Occupation Managing Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 13 / 2016

Transaction ID : 144-7008-c

Amount of Each Receipt this Period
2500

Contribution

C. Gregory A. Raabe
Full Name (Last, First, Middle Initial)

Mailing Address 10535 Oxford Mill Circle

City Johns Creek State GA Zip Code 30022-6370

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

Name of Employer Wellspring Group Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 25 / 2016

Transaction ID : 737-7064-c

Amount of Each Receipt this Period
1500

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 31
	<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)

A. Mark J. Richards
 Full Name (Last, First, Middle Initial)
 Mailing Address 5728 S Gallup Street
 City Littleton State CO Zip Code 80120-2193
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Madison Group, Inc. Occupation Vice Chair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 11 / 2016
Transaction ID : 753-6973-c
 Amount of Each Receipt this Period
 1000
 Contribution

B. Lynda Roman
 Full Name (Last, First, Middle Initial)
 Mailing Address 5420 LBJ Freeway Suite 1300
 City Dallas State TX Zip Code 75240-6299
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Messick, Peacock & Assoc. Occupation Financial Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 18 / 2016
Transaction ID : 3636-7044-c
 Amount of Each Receipt this Period
 1500
 Contribution

C. Lawrence J. Rybka
 Full Name (Last, First, Middle Initial)
 Mailing Address 6614 Riverview Road
 City Peninsula State OH Zip Code 44264-9619
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ValMark Securities, Inc. Occupation Securities & Insurance Brokerage
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 15 / 2016
Transaction ID : 855-7041-c
 Amount of Each Receipt this Period
 1500
 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: (check only one)	PAGE 18 OF 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Marc P. Schwartz
 Full Name (Last, First, Middle Initial)
 Mailing Address 3996 Wild Sage Court
 City Westlake Village State CA Zip Code 91362-5119
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Windsor Insurance Assoc. Inc. Occupation Life Insurance Broker
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500**

Date of Receipt **01 / 14 / 2016**
Transaction ID : 881-7027-c
 Amount of Each Receipt this Period **1500**
 Contribution

B. Simon Singer
 Full Name (Last, First, Middle Initial)
 Mailing Address 4266 Valley Meadow Road
 City Encino State CA Zip Code 91436-3439
 FEC ID number of contributing federal political committee. **C**
 Name of Employer XEL Fin. & Ins. Services Occupation Life Insurance Agent
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **375**

Date of Receipt **01 / 21 / 2016**
Transaction ID : 907-7056-c
 Amount of Each Receipt this Period **375**
 Contribution

C. Lee J. Slavutin
 Full Name (Last, First, Middle Initial)
 Mailing Address 100 Riverside Drive Apt. 15D
 City New York State NY Zip Code 10024-4822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Stern Slavutin-2, Inc. Occupation Chairman of the Board
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1500**

Date of Receipt **01 / 13 / 2016**
Transaction ID : 910-7012-c
 Amount of Each Receipt this Period **1500**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	3375.00
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 19 OF 31
	<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)

A. Edward A. Tafari
Full Name (Last, First, Middle Initial)

Mailing Address 107 Bridle Path Lane

City Mahwah State NJ Zip Code 07430-2701

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

Name of Employer Exceptional Risk Advisors, LLC Occupation Insurance Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **01 / 13 / 2016**

Transaction ID : 952-7010-c

Amount of Each Receipt this Period **1500**

Contribution

B. Guy Richard Thomas
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 21307

City Tampa State FL Zip Code 33622-1307

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

Name of Employer Thomas Financial Group Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **01 / 25 / 2016**

Transaction ID : 970-7067-c

Amount of Each Receipt this Period **2500**

Contribution

C. Peter J. Worth
Full Name (Last, First, Middle Initial)

Mailing Address 99 Park Avenue Floor 25

City New York State NY Zip Code 10016-1601

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

Name of Employer Worth Corporate Planning Occupation Life Insurance Agent

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **01 / 14 / 2016**

Transaction ID : 1052-7028-c

Amount of Each Receipt this Period **2500**

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
TOTAL This Period (last page this line number only).....▶	57375.00

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

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

FOR LINE NUMBER: PAGE 20 OF 31
(check only one)

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

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

A. Northwestern Mutual Federal PAC
Full Name (Last, First, Middle Initial)
Mailing Address 720 E Wisconsin Avenue
City Milwaukee State WI Zip Code 53202-4703
FEC ID number of contributing federal political committee. **C** C00197095
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 5000

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2016
Transaction ID : 3646-7071-c
Amount of Each Receipt this Period
5000
Contribution

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 21 OF 31
<input 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 checked="" type="checkbox"/> 17

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

A. AALU
Full Name (Last, First, Middle Initial)

Mailing Address 11921 Freedom Dr
Suite 1100

City Reston State VA Zip Code 20190

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1229.31

Date of Receipt
01 / 19 / 2016
Transaction ID : 1186-7070-m

Amount of Each Receipt this Period
1229.31

PAC Merchant Fee Reimbursement

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1229.31
TOTAL This Period (last page this line number only).....▶	1229.31

**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 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)

Full Name (Last, First, Middle Initial)

A. First Choice Merchants

Mailing Address 2 Skillman Street
Suite 203

City Brooklyn State NY Zip Code 11205-1549

Purpose of Disbursement
PAC Merchant Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-3096-7078-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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)

Full Name (Last, First, Middle Initial)

A. Blumenthal For Connecticut

Mailing Address 777 Summer Street
Suite 103

City State Zip Code
Stamford CT 06901-1085

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23-3053-6980-e

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Blumenthal For Connecticut

Mailing Address 777 Summer Street
Suite 103

City State Zip Code
Stamford CT 06901-1085

Purpose of Disbursement
Contribution

011

Candidate Name

Richard Blumenthal

Category/
Type

Office Sought: House
 Senate
 President
State: CT District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23-3053-6986-e

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc.

Mailing Address PO Box 58746

City State Zip Code
Philadelphia PA 19102-8746

Purpose of Disbursement
Contribution

011

Candidate Name

Robert P. Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23-3211-6995-e

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

4	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Brady for Congress

Mailing Address PO Box 8277

City Spring State TX Zip Code 77387-8277

Purpose of Disbursement
Contribution

011

Candidate Name
Kevin Brady

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	26	/	2016

Transaction ID : SB23-1203-6982-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Brady for Congress

Mailing Address PO Box 8277

City Spring State TX Zip Code 77387-8277

Purpose of Disbursement
Contribution

011

Candidate Name
Kevin Brady

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SB23-1203-6989-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Charles Boustany Jr. MD For Senate Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
Contribution

011

Candidate Name
Dr. Charles Boustany Jr.

Category/
Type

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

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	29	/	2016

Transaction ID : SB23-2339-6996-e

Amount of Each Disbursement this Period

500

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

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

2500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association for Advanced Life Underwriting PAC (AALU PAC)

Full Name (Last, First, Middle Initial)

A. Charles Boustany Jr. MD For Senate Inc.

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement Contribution

011

Candidate Name

Dr. Charles Boustany Jr.

Category/Type

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-2339-6997-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 8456 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

Purpose of Disbursement Contribution

011

Candidate Name

Joseph Crowley

Category/Type

Office Sought: House Senate President
State: NY District: 14

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-1198-6994-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. DCCC

Mailing Address 430 S Capitol Street SE
Floor 2

City Washington State DC Zip Code 20003-4024

Purpose of Disbursement Contribution

011

Candidate Name

DCCC

Category/Type

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-2245-6987-e

Amount of Each Disbursement this Period

5000

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)

Full Name (Last, First, Middle Initial)

A. Donovan For Congress

Mailing Address 440 Leverett Avenue

City Staten Island State NY Zip Code 10308-1333

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Dan Donovan

Office Sought: House
 Senate
 President
State: NY District: 11

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : SB23-3797-6975-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Friends of Sam Johnson

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086-0096

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Sam Johnson

Office Sought: House
 Senate
 President
State: TX District: 03

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : SB23-3405-6979-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Georgians For Isakson

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325-1116

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name

Johnny H. Isakson

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-3649-6988-e

Amount of Each Disbursement this Period

1000

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

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

3000.00

**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)

Full Name (Last, First, Middle Initial)

A. Larson For Congress

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement Contribution

011

Candidate Name

John B. Larson

Category/Type

Office Sought: House Senate President
State: CT District: 01

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-2250-6992-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

B. Mike Thompson For Congress

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement Contribution

011

Candidate Name

Mike Thompson

Category/Type

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

Disbursement For: 2016
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-2728-6990-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Montanans For Tester

Mailing Address PO Box 1135

City Helena State MT Zip Code 59624-1135

Purpose of Disbursement Contribution

011

Candidate Name

Jon Tester

Category/Type

Office Sought: House Senate President
State: MT District:

Disbursement For: 2018
 Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-2382-6993-e

Amount of Each Disbursement this Period

1000

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

2500.00

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

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

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

FOR LINE NUMBER:
(check only one)

<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)

Full Name (Last, First, Middle Initial)

A. Renee Ellmers For Congress Committee

Mailing Address PO Box 99567

City Raleigh State NC Zip Code 27624-9567

Purpose of Disbursement Contribution

011

Candidate Name

Renee J. Ellmers

Category/Type

Office Sought: House Senate President
State: NC District: 02

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : SB23-3050-6981-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

B. Richard E. Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement Contribution

011

Candidate Name

Richard E. Neal

Category/Type

Office Sought: House Senate President
State: MA District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 29 / 2016

Transaction ID : SB23-1226-6998-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Roskam For Congress Committee

Mailing Address PO Box 713

City Wheaton State IL Zip Code 60187-0713

Purpose of Disbursement Contribution

011

Candidate Name

Peter Roskam

Category/Type

Office Sought: House Senate President
State: IL District: 06

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 26 / 2016

Transaction ID : SB23-2866-6976-e

Amount of Each Disbursement this Period

1000

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association for Advanced Life Underwriting PAC (AALU PAC)

Full Name (Last, First, Middle Initial)

A. Roskam For Congress Committee

Mailing Address PO Box 713

City State Zip Code
Wheaton IL 60187-0713

Purpose of Disbursement
Contribution

011

Candidate Name

Peter Roskam

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District: 06

Date of Disbursement

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

Transaction ID : SB23-2866-6977-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Tiberi For Congress

Mailing Address 2931 E Dbln Grnvl Road
Suite 190

City State Zip Code
Columbus OH 43231-3572

Purpose of Disbursement
Contribution

011

Candidate Name

Patrick J. Tiberi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

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

Transaction ID : SB23-2246-6984-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Tom Reed For Congress

Mailing Address PO Box 10847

City State Zip Code
Rochester NY 14610-0847

Purpose of Disbursement
Contribution

011

Candidate Name

Thomas W. Reed II

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

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

Transaction ID : SB23-3041-6985-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

3	0	0	0	0	0	0	0	0	0

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

1	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

Full Name (Last, First, Middle Initial)

A. Tom Rice For Congress

Mailing Address PO Box 70098

City Myrtle Beach State SC Zip Code 29572-0020

Purpose of Disbursement
Contribution

011

Candidate Name

Tom Rice

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y
01 / 26 / 2016

Transaction ID : SB23-3428-6978-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

29500.00