

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Association for Advanced Life Underwriting PAC (AALU PAC)

ADDRESS (number and street) 11921 Freedom Drive

Suite 1100

Check if different than previously reported. (ACC)

Reston

VA

20190-5634

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00447565

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

Election on 11 / 04 / 2014 in the State of VA

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

Election on / / in the State of

5. Covering Period 10 / 01 / 2014 through 10 / 15 / 2014

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 Marc Cadin [Electronically Filed] Date 10 / 21 / 2014

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**

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="2014"/>		102093.93
(b) Cash on Hand at Beginning of Reporting Period.....	42632.93	
(c) Total Receipts (from Line 19) .....	19900	425617.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	62532.93	527711.63
7. Total Disbursements (from Line 31).....	15808.8	480987.5
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46724.13	46724.13
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

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).....	18550	373975
(ii) Unitemized .....	1350	19700
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	19900	393675
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	17000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19900	410675
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	100
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	3000
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	11842.7
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))..... ▶	19900	425617.7
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19900	425617.7

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	808.8	13087.5
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	808.8	13087.5
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000	466000
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	1900
(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	1900
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)) ..	15808.8	480987.5
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15808.8	480987.5

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	19900	410675
34. Total Contribution Refunds (from Line 28(d)) .....	0	1900
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19900	408775
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	808.8	13087.5
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	100
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	808.8	12987.5

**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 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Paul Adams**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 15328 32nd Avenue SE  
 City Mill Creek State WA Zip Code 98012-8311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sound Financial Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 15 / 2014  
**Transaction ID : 2626-5353-c**  
 Amount of Each Receipt this Period  
 200  
 Contribution

**B. Debra Blevons**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4620 N Ballard Road  
 City Appleton State WI Zip Code 54913-8947  
 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 ▼ 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 10 / 2014  
**Transaction ID : 2475-5367-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**C. Royall R. Brown Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 290 Charlois Boulevard  
 City Winston Salem State NC Zip Code 27103-1535  
 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 ▼ 1200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 07 / 2014  
**Transaction ID : 832-5384-c**  
 Amount of Each Receipt this Period  
 1200  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<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 7 OF 17
	<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. Steven Burgess**  
Full Name (Last, First, Middle Initial)  
Mailing Address 103 E Social Hall Avenue  
City Salt Lake City State UT Zip Code 84111-1503  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Burgess Group Occupation President and CEO  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **10 / 15 / 2014**  
**Transaction ID : 3567-5355-c**  
Amount of Each Receipt this Period **500**  
Contribution

**B. Francis D. Burke Jr.**  
Full Name (Last, First, Middle Initial)  
Mailing Address 22 Cassatt Avenue Suite 100  
City Berwyn State PA Zip Code 19312-1325  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Perspective Financial Group Occupation Financial Adviser  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000**

Date of Receipt **10 / 14 / 2014**  
**Transaction ID : 80-5357-c**  
Amount of Each Receipt this Period **500**  
Contribution

**C. Clint J. Crocker**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1688 Cunningham Drive  
City Rock Hill State SC Zip Code 29732-7821  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Barry Evans Josephs & Snipes Occupation Insurance  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **800**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 214-5373-c**  
Amount of Each Receipt this Period **100**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1100.00**  
**TOTAL** This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 OF 17
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 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. Andrew P. Dalgliesh**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12728 Waterman Drive  
 City Raleigh State NC Zip Code 27614-9415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Principal Financial Group Director- NQ  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 2493-5369-c**  
 Amount of Each Receipt this Period  
 1200  
 Contribution

**B. Kay I. Dempsey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2951 Piedmont Road NE Suite 200  
 City Atlanta State GA Zip Code 30327  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Dempsey Companies President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2014  
**Transaction ID : 243-5362-c**  
 Amount of Each Receipt this Period  
 2500  
 Contribution

**C. Jeffrey C. Dollarhide**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17550 N Perimeter Drive Suite 450  
 City Scottsdale State AZ Zip Code 85255-7841  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MassMutual - Arizona CEO and Managing Partner  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2014  
**Transaction ID : 3201-5386-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4200.00
<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 OF 17
	<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. Anthony J. Domino**  
Full Name (Last, First, Middle Initial)

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 Guardian Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **10 / 08 / 2014**

**Transaction ID : 259-5375-c**

Amount of Each Receipt this Period **500**

Contribution

**B. Chris Dyrhaug**  
Full Name (Last, First, Middle Initial)

Mailing Address 519 Laurel Road

City Ridgewood State NJ Zip Code 07450-5211

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

Name of Employer Guardian Life Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **800**

Date of Receipt **10 / 13 / 2014**

**Transaction ID : 3557-5365-c**

Amount of Each Receipt this Period **100**

Contribution

**C. Robert E. Eichler**  
Full Name (Last, First, Middle Initial)

Mailing Address 80 Windsor Gate Drive

City North Hills State NY Zip Code 11040-1063

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

Name of Employer Penn Mutual Occupation Financial Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 07 / 2014**

**Transaction ID : 278-5379-c**

Amount of Each Receipt this Period **300**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>900.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 17
	<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. Steven J. Finkle**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11140 Rockville Pike  
 Suite 300  
 City Rockville State MD Zip Code 20852-3148  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nat'l Brokerage Assoc. Inc. Occupation Insurance Brokerage  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1800

Date of Receipt 10 / 07 / 2014  
**Transaction ID : 3014-5380-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. Herbert W. Foedisch Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 111 Sutter Street  
 Suite 1800  
 City San Francisco State CA Zip Code 94104-4541  
 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 ▼ 1500

Date of Receipt 10 / 14 / 2014  
**Transaction ID : 1145-5394-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**C. Lawrence J. Ganim**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2429 North Avenue  
 City Bridgeport State CT Zip Code 06604-2336  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Ganim Group, Inc. Occupation President/CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 13 / 2014  
**Transaction ID : 326-5361-c**  
 Amount of Each Receipt this Period 500  
 Contribution

<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: (check only one)	PAGE 11 OF 17
<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 M. Mezrah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5350 W Kennedy Boulevard  
 Suite 2  
 City Tampa State FL Zip Code 33609-2410  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mezrah Consulting Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 629-5372-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. Gerald Middel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 620607  
 City Littleton State CO Zip Code 80162-0607  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Designs LTD Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 09 / 2014**  
**Transaction ID : 3572-5370-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. Steven Miura**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1502 Lorrain Street  
 City Austin State TX Zip Code 78703-4025  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Wealth Management Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 13 / 2014**  
**Transaction ID : 3569-5360-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
<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. John Ocwieja**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 N Canal Street  
 Apt. 3603  
 City Chicago State IL Zip Code 60606-1311  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 3573-5371-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. Donald R. Payne Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 105 Forest Drive  
 City Thomasville State NC Zip Code 27360-5617  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Legacy Capital Group Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 14 / 2014**  
**Transaction ID : 698-5358-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

**C. Alan S. Pearlstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16130 Ventura Boulevard  
 Suite 510  
 City Encino State CA Zip Code 91436-2538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200**

Date of Receipt **10 / 08 / 2014**  
**Transaction ID : 701-5385-c**  
 Amount of Each Receipt this Period **1200**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2700.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 17
<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. Juliette Prince**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1132 N 42nd Place  
 City Renton State WA Zip Code 98056-2169  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Wealth Management Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 07 / 2014**  
**Transaction ID : 3577-5381-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. John Sanford**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1115 Hill Road  
 City Santa Barbara State CA Zip Code 93108-2814  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M Financial Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 10 / 2014**  
**Transaction ID : 3571-5366-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. Joseph Savino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 731 Alexander Road  
 City Princeton State NJ Zip Code 08540-6345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Savino Financial Group Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 07 / 2014**  
**Transaction ID : 3576-5378-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

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

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

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

FOR LINE NUMBER: PAGE 14 OF 17  
(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)**

Full Name (Last, First, Middle Initial)  
**A. Corey Schneider**

Mailing Address 20 Stratton Road

City Scarsdale State NY Zip Code 10583-7555

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

Name of Employer Occupation  
 Sentinel Financial Solutions President

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  
 10 / 08 / 2014  
**Transaction ID : 1146-5374-c**

Amount of Each Receipt this Period  
 500

Contribution

Full Name (Last, First, Middle Initial)  
**B. Jeffrey D. Sharp**

Mailing Address 9735 Fieldcrest Drive

City Omaha State NE Zip Code 68114-4932

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

Name of Employer Occupation  
 SilverStone Group, Inc. Partner

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  
 10 / 01 / 2014  
**Transaction ID : 891-5383-c**

Amount of Each Receipt this Period  
 500

Contribution

Full Name (Last, First, Middle Initial)  
**C. Judson G. Teekell**

Mailing Address 401 Edwards Street  
 Suite 1130

City Shreveport State LA Zip Code 71101-5561

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

Name of Employer Occupation  
 The Teekell Company, Inc. Life Insurance Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 650

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 09 / 2014  
**Transaction ID : 959-5368-c**

Amount of Each Receipt this Period  
 250

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 15 OF 17
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Jim Waggoner**  
Full Name (Last, First, Middle Initial)

Mailing Address 5120 S Solberg Avenue

City State Zip Code  
Sioux Falls SD 57108-2219

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

Name of Employer Occupation  
VisionPoint Advisory Group Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**450**

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
**10 / 13 / 2014**

**Transaction ID : 3460-5363-c**

Amount of Each Receipt this Period  
**250**

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>250.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>18550.00</b>

**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. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

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-3119-5390-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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-3096-5391-e**

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. NRCC

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**NRCC**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			09			2014			

**Transaction ID : SB23-2244-5352-e**

Amount of Each Disbursement this Period

15000
-------

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

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

Amount of Each Disbursement this Period

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

15000.00
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**TOTAL** This Period (last page this line number only)..... ▶

15000.00
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