

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Association For Advanced Life Underwriting PAC

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

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

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

5. Covering Period 04 01 2008 through 04 30 2008

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

Type or Print Name of Treasurer Marc R. Cadin

Signature of Treasurer Electronically Filed by Marc R. Cadin Date 05 20 2008

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
Association For Advanced Life Underwriting PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| | COLUMN A This Period | COLUMN B Calendar Year-to-Date | | | | | | | | | | |
|---|--|-----------------------------------|--|---------|---|---|---|---|---|------|---|------|
| 6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table> | Y | Y | Y | Y | 2 | 0 | 0 | 8 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 |
| Y | Y | Y | Y | | | | | | | | | |
| 2 | 0 | 0 | 8 | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (b) Cash on Hand at Beginning of Reporting Period | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| (c) Total Receipts (from Line 19) | <table border="1" style="width: 100%;"><tr><td>8454.00</td></tr></table> | 8454.00 | <table border="1" style="width: 100%;"><tr><td>8454.00</td></tr></table> | 8454.00 | | | | | | | | |
| 8454.00 | | | | | | | | | | | | |
| 8454.00 | | | | | | | | | | | | |
| (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) | <table border="1" style="width: 100%;"><tr><td>8454.00</td></tr></table> | 8454.00 | <table border="1" style="width: 100%;"><tr><td>8454.00</td></tr></table> | 8454.00 | | | | | | | | |
| 8454.00 | | | | | | | | | | | | |
| 8454.00 | | | | | | | | | | | | |
| 7. Total Disbursements (from Line 31) | <table border="1" style="width: 100%;"><tr><td>59.00</td></tr></table> | 59.00 | <table border="1" style="width: 100%;"><tr><td>59.00</td></tr></table> | 59.00 | | | | | | | | |
| 59.00 | | | | | | | | | | | | |
| 59.00 | | | | | | | | | | | | |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <table border="1" style="width: 100%;"><tr><td>8395.00</td></tr></table> | 8395.00 | <table border="1" style="width: 100%;"><tr><td>8395.00</td></tr></table> | 8395.00 | | | | | | | | |
| 8395.00 | | | | | | | | | | | | |
| 8395.00 | | | | | | | | | | | | |
| 9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |
| 10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) | <table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table> | 0.00 | | | | | | | | | | |
| 0.00 | | | | | | | | | | | | |

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
Association For Advanced Life Underwriting PAC

Report Covering the Period: From:

| | |
|---|---|
| M | M |
| 0 | 4 |

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

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

 To:

| | |
|---|---|
| M | M |
| 0 | 4 |

| | |
|---|---|
| D | D |
| 3 | 0 |

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

| 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 | 8451.00 | 8451.00 |
| (i) Itemized (use Schedule A) | 3.00 | 3.00 |
| (ii) Unitemized | 8454.00 | 8454.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) | 8454.00 | 8454.00 |
| 12. Transfers From Affiliated/Other Party Committees | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal candidates and Other Political Committees | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.) | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3) | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfer (add 18(a) and 18(b)). | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) | 8454.00 | 8454.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) | 8454.00 | 8454.00 |

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 21. Operating Expenditures: | | |
| (a) Shared Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share..... | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures..... | 59.00 | 59.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶ | 59.00 | 59.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees..... and Other Political Committees..... | 0.00 | 0.00 |
| 24. Independent Expenditure (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs) | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) | 0.00 | 0.00 |
| 29. Other Disbursements..... | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C 431(20)) | | |
| (a) Shared Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. | 59.00 | 59.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 59.00 | 59.00 |

DETAILED SUMMARY PAGE
of Disbursements

| 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) | 8454.00 | 8454.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 8454.00 | 8454.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... | 59.00 | 59.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3) | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 59.00 | 59.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 9
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

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

| | |
|--|--|
| <p>A. Full Name (Last, First, Middle Initial) Rodney A. Bench</p> <p>Mailing Address 1301 5th Ave Ste 3330</p> <p>City State Zip Code Seattle WA 98101-2623</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer R.A. Bench Inc. Occupation Life Insurance</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Transaction ID: 80501.C2280</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Receipt</p> |
|--|--|

| | |
|--|---|
| <p>B. Full Name (Last, First, Middle Initial) Justin E. Brown</p> <p>Mailing Address 4644 28th Rd S Apt C</p> <p>City State Zip Code Arlington VA 22206-4131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AALU Occupation Director, Legislative Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 1 7 / 2 0 0 8</p> <p>Transaction ID: 80501.C2277</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Receipt</p> |
|--|---|

| | |
|--|---|
| <p>C. Full Name (Last, First, Middle Initial) Justin E. Brown</p> <p>Mailing Address 4644 28th Rd S Apt C</p> <p>City State Zip Code Arlington VA 22206-4131</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer AALU Occupation Director, Legislative Affairs</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 251.00</p> | <p>Date of Receipt M M / D D / Y Y Y Y 0 4 / 2 2 / 2 0 0 8</p> <p>Transaction ID: 80501.C2282</p> <p>Amount of Each Receipt this Period 1.00</p> <p>Receipt</p> |
|--|---|

| | |
|--|---|
| SUBTOTAL of Receipts This Page (optional) | 1251.00 |
| 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 / 9 |
| | <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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Dermot T. Healey | Date of Receipt MM / DD / YYYY 04 / 01 / 2008 |
| | Mailing Address 193 E Grand Ave Apt 5 | Transaction ID: 80501.C2271 |
| | City State Zip Code Old Orchard Beach ME 04064-3060 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Retired Occupation Life Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Luther A. Lockwood II | Date of Receipt MM / DD / YYYY 04 / 17 / 2008 |
| | Mailing Address 227 W Trade St Ste 1550 | Transaction ID: 80501.C2276 |
| | City State Zip Code Charlotte NC 28202-1670 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Barry Evans Josephs & Snipes Occupation Life Insurance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|---|---|
| C. | Full Name (Last, First, Middle Initial) Rodolph L. Nunn III | Date of Receipt MM / DD / YYYY 04 / 17 / 2008 |
| | Mailing Address 599 E Morningside Dr NE | Transaction ID: 80501.C2275 |
| | City State Zip Code Atlanta GA 30324-5216 | Amount of Each Receipt this Period 1200.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer AON Consulting Occupation Sr Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1200.00 | |

| | |
|--|----------------|
| SUBTOTAL of Receipts This Page (optional) | 3200.00 |
| TOTAL This Period (last page this line number only) | |

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

| | | |
|---|---|------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | PAGE 8 / 9 |
| | <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

| | | |
|-----------|---|---|
| A. | Full Name (Last, First, Middle Initial) Nathan M. Perlmutter | Date of Receipt MM / DD / YYYY 04 / 17 / 2008 |
| | Mailing Address 305 Madeira Blvd | Transaction ID: 80501.C2279 |
| | City State Zip Code Melville NY 11747-5242 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Guardian Life General Agent | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| B. | Full Name (Last, First, Middle Initial) Lawrence B. Raymond | Date of Receipt MM / DD / YYYY 04 / 01 / 2008 |
| | Mailing Address 230 Woodberry Dr | Transaction ID: 80501.C2270 |
| | City State Zip Code Bloomfield Hills MI 48304-3561 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Allied Benefit Group of MI Life Insurance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Aggregate Year-to-Date ▼ 1000.00 | |

| | | |
|-----------|--|---|
| C. | Full Name (Last, First, Middle Initial) Theodore S. Rusinoff | Date of Receipt MM / DD / YYYY 04 / 17 / 2008 |
| | Mailing Address 6442 Canterbury Dr | Transaction ID: 80501.C2278 |
| | City State Zip Code Hudson OH 44236-3479 | Amount of Each Receipt this Period 1000.00 |
| | FEC ID number of contributing federal political committee. C | Receipt |
| | Name of Employer Occupation Strategic Financial Partners Life Insurance | Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ |
| | Aggregate Year-to-Date ▼ 1000.00 | |

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

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

| | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: | | PAGE 9 / 9 | |
| | (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"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 | <input type="checkbox"/> 17 |

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

| | | | | |
|---|---|--------------------------|--|------------------------------------|
| A. | Full Name (Last, First, Middle Initial) William Whitaker | | Date of Receipt | |
| | Mailing Address 601 Union St Ste 1000 | | M M / D D / Y Y Y Y 0 4 / 2 4 / 2 0 0 8 | |
| | City | State | Zip Code | Transaction ID: 80501.C2281 |
| | Seattle | WA | 98101-4064 | Amount of Each Receipt this Period |
| | FEC ID number of contributing federal political committee. | | C | 1000.00 |
| | Name of Employer Kibble & Prentice | | Occupation Life Insurance | Receipt |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ | 1000.00 | |

| | | |
|--|---|---------|
| SUBTOTAL of Receipts This Page (optional) | ▶ | 1000.00 |
| TOTAL This Period (last page this line number only) | ▶ | 8451.00 |