

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 Reston VA 20190-5634 Check if different than previously reported. (ACC)

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) (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) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Christopher J. Morton

Signature of Treasurer Christopher J. Morton [Electronically Filed] Date 01 / 19 / 2016

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

**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="2015"/>	<input type="text" value="111092.93"/>	<input type="text" value="111092.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="184317.93"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="226852.84"/>	<input type="text" value="644721.76"/>
(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="411170.77"/>	<input type="text" value="755814.69"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="226532.84"/>	<input type="text" value="571176.76"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="184637.93"/>	<input type="text" value="184637.93"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0"/>	
10. Debts and Obligations Owed <b>BY</b> 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).....	206250	585575
(ii) Unitemized .....	7570	12470
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	213820	598045
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	2000	22000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	215820	620045
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.....	5000	6000
17. Other Federal Receipts (Dividends, Interest, etc.).....	6032.84	18676.76
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))..... ▶	226852.84	644721.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	226852.84	644721.76

**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) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	6032.84	18676.76
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	6032.84	18676.76
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	206500	536500
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 .....	4000	6000
(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)).....	4000	6000
29. Other Disbursements .....	10000	10000
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)) ..	226532.84	571176.76
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	226532.84	571176.76

**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) .....	215820	620045
34. Total Contribution Refunds (from Line 28(d)) .....	4000	6000
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	211820	614045
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	6032.84	18676.76
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	6032.84	18676.76

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

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

FOR LINE NUMBER: PAGE 6 OF 197  
(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 (AALU PAC)**

Full Name (Last, First, Middle Initial)  
**A. Johnny R. Adcock**  
 Mailing Address 311 W Fletcher Avenue  
 City Tampa State FL Zip Code 33612-3414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Adcock Financial Group Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 2666-6710-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Kenneth Alter**  
 Mailing Address 300 Broadacres Dr, Suite 175  
 City Bloomfield State NJ Zip Code 07003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer International Planning All. Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 12 / 31 / 2015  
**Transaction ID : 3620-6963-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

Full Name (Last, First, Middle Initial)  
**c. Odon L. Bacque Jr.**  
 Mailing Address 300 Rue Beaugard Suite J  
 City Lafayette State LA Zip Code 70508-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 07 / 14 / 2015  
**Transaction ID : 171-6398-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2625.00  
**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 7 OF 197  
(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. Odon L. Bacque Jr.**  
 Mailing Address 300 Rue Beauregard  
 Suite J  
 City Lafayette State LA Zip Code 70508-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : 171-6470-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Odon L. Bacque Jr.**  
 Mailing Address 300 Rue Beauregard  
 Suite J  
 City Lafayette State LA Zip Code 70508-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : 171-6547-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Odon L. Bacque Jr.**  
 Mailing Address 300 Rue Beauregard  
 Suite J  
 City Lafayette State LA Zip Code 70508-8511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self Employed Sales  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500

Date of Receipt  
 10 / 14 / 2015  
**Transaction ID : 171-6640-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Association for Advanced Life Underwriting PAC (AALU PAC)**

Full Name (Last, First, Middle Initial) <b>A. Odon L. Bacque Jr.</b>		Date of Receipt MM / DD / YYYY 11 / 14 / 2015 <b>Transaction ID : 171-6830-c</b>
Mailing Address 300 Rue Beauregard Suite J		Amount of Each Receipt this Period 125 Contribution
City Lafayette	State LA Zip Code 70508-8511	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Employed	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Odon L. Bacque Jr.</b>		Date of Receipt MM / DD / YYYY 12 / 14 / 2015 <b>Transaction ID : 171-6924-c</b>
Mailing Address 300 Rue Beauregard Suite J		Amount of Each Receipt this Period 125 Contribution
City Lafayette	State LA Zip Code 70508-8511	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self Employed	Occupation Sales	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>C. Richard E. Baer</b>		Date of Receipt MM / DD / YYYY 10 / 06 / 2015 <b>Transaction ID : 2647-6615-c</b>
Mailing Address 459 Monterey Avenue		Amount of Each Receipt this Period 1000 Contribution
City Los Gatos	State CA Zip Code 95030-5302	
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Legacy Capital Group	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 197
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Ryan F. Barradas</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 08 / 2015 <b>Transaction ID : 188-6617-c</b>
Mailing Address 2398 E Camelback Road Suite 935		Amount of Each Receipt this Period 1000
City Phoenix	State AZ	Zip Code 85016-9006
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Wealthpoint	Occupation Financial Adviser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

Full Name (Last, First, Middle Initial) <b>B. Lawrence Bell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 06 / 2015 <b>Transaction ID : 3719-6613-c</b>
Mailing Address 18 Farmington Court		Amount of Each Receipt this Period 500
City Chevy Chase	State MD	Zip Code 20815-4829
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Advisors, LLC	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>C. J. Philip Bender</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 10 / 2015 <b>Transaction ID : 3630-6451-c</b>
Mailing Address 400 Atlantic Street Suite 3		Amount of Each Receipt this Period 1500
City Stamford	State CT	Zip Code 06901-3519
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Northwestern Mutual	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700	

<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 10 OF 197
	<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. Richard S. Berger**  
Full Name (Last, First, Middle Initial)

Mailing Address 4814 Outlook Dr, Suite 104

City Wall Township State NJ Zip Code 07753

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

Name of Employer New England Life/Met Occupation Agent/Rep

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **12 / 18 / 2015**

**Transaction ID : 786-6905-c**

Amount of Each Receipt this Period **1500**

Contribution

**B. Paul Blanco**  
Full Name (Last, First, Middle Initial)

Mailing Address 280 Stonewall Lane

City Fairfield State CT Zip Code 06824-1816

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

Name of Employer MetLife Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **12 / 18 / 2015**

**Transaction ID : 3622-6939-c**

Amount of Each Receipt this Period **2000**

Contribution

**C. Michael Bree**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Woodridge Drive

City Kennett Square State PA Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **07 / 20 / 2015**

**Transaction ID : 3631-6410-c**

Amount of Each Receipt this Period **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3625.00</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 11 OF 197
	<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. Michael Bree**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Woodridge Drive

City Kennett Square State PA Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 08 / 20 / 2015  
**Transaction ID : 3631-6492-c**

Amount of Each Receipt this Period 125

Contribution

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

Mailing Address 117 Woodridge Drive

City Kennett Square State PA Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 09 / 20 / 2015  
**Transaction ID : 3631-6560-c**

Amount of Each Receipt this Period 125

Contribution

**C. Michael Bree**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Woodridge Drive

City Kennett Square State PA Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 10 / 20 / 2015  
**Transaction ID : 3631-6674-c**

Amount of Each Receipt this Period 125

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 197
	<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. Michael Bree**  
Full Name (Last, First, Middle Initial)

Mailing Address 117 Woodridge Drive

City Kennett Square    State PA    Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC    Occupation President

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **11 / 20 / 2015**

**Transaction ID : 3631-6845-c**

Amount of Each Receipt this Period **125**

Contribution

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

Mailing Address 117 Woodridge Drive

City Kennett Square    State PA    Zip Code 19348-2677

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

Name of Employer Pillar Wealth Advisors LLC    Occupation President

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **12 / 20 / 2015**

**Transaction ID : 3631-6942-c**

Amount of Each Receipt this Period **125**

Contribution

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

Mailing Address 18111 Lagos Way

City Naples    State FL    Zip Code 34110-2764

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

Name of Employer Lincoln Financial    Occupation Wealth Advisor

Receipt For:  Primary     General     Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **07 / 15 / 2015**

**Transaction ID : 3592-6402-c**

Amount of Each Receipt this Period **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 197
	<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. Thomas Bulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18111 Lagos Way  
 City Naples State FL Zip Code 34110-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Occupation Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt  
 08 / 15 / 2015  
**Transaction ID : 3592-6476-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Thomas Bulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18111 Lagos Way  
 City Naples State FL Zip Code 34110-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Occupation Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt  
 09 / 15 / 2015  
**Transaction ID : 3592-6552-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Thomas Bulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18111 Lagos Way  
 City Naples State FL Zip Code 34110-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Occupation Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt  
 10 / 15 / 2015  
**Transaction ID : 3592-6658-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 14 OF 197
	<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. Thomas Bulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18111 Lagos Way  
 City Naples State FL Zip Code 34110-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Occupation Wealth 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  
 11 / 15 / 2015  
**Transaction ID : 3592-6834-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Thomas Bulloch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18111 Lagos Way  
 City Naples State FL Zip Code 34110-2764  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lincoln Financial Occupation Wealth 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  
 12 / 15 / 2015  
**Transaction ID : 3592-6928-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Robert P. Burke**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Central Park Avenue Suite 1100  
 City Virginia Bch State VA Zip Code 23462-3029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 20 / 2015  
**Transaction ID : 81-6675-c**  
 Amount of Each Receipt this Period  
 600  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 15 OF 197
	<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. Thomas W. Burke**  
Full Name (Last, First, Middle Initial)

Mailing Address 922 Grail Maiden Lane

City Lewisville State TX Zip Code 75056-5653

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

Name of Employer Hefner & Associates, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt 08 / 11 / 2015  
**Transaction ID : 82-6453-c**

Amount of Each Receipt this Period 1000

Contribution

**B. Jason Burlie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1344 Horse Creek Drive

City Frisco State TX Zip Code 75034-1178

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

Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1375

Date of Receipt 07 / 02 / 2015  
**Transaction ID : 3527-6378-c**

Amount of Each Receipt this Period 125

Contribution

**C. Jason Burlie**  
Full Name (Last, First, Middle Initial)

Mailing Address 1344 Horse Creek Drive

City Frisco State TX Zip Code 75034-1178

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

Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1375

Date of Receipt 08 / 02 / 2015  
**Transaction ID : 3527-6445-c**

Amount of Each Receipt this Period 125

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 16 OF 197
	<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. Jason Burlie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 Horse Creek Drive  
 City Frisco State TX Zip Code 75034-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 02 / 2015  
**Transaction ID : 3527-6533-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Jason Burlie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 Horse Creek Drive  
 City Frisco State TX Zip Code 75034-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 02 / 2015  
**Transaction ID : 3527-6608-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Jason Burlie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 Horse Creek Drive  
 City Frisco State TX Zip Code 75034-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 02 / 2015  
**Transaction ID : 3527-6816-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 17 OF 197
	<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. Jason Burlie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1344 Horse Creek Drive  
 City Frisco State TX Zip Code 75034-1178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MullinTBG Occupation Sr. Vice President, Sales & Mktg  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1375**

Date of Receipt **12 / 02 / 2015**  
**Transaction ID : 3527-6909-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**B. Mark Burson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 Gaillardia Parkway Suite 250  
 City Oklahoma City State OK Zip Code 73142-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1375**

Date of Receipt **08 / 22 / 2015**  
**Transaction ID : 3676-6495-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**C. Mark Burson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4801 Gaillardia Parkway Suite 250  
 City Oklahoma City State OK Zip Code 73142-1840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1375**

Date of Receipt **09 / 22 / 2015**  
**Transaction ID : 3676-6562-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 197  
(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. Mark Burson**

Mailing Address 4801 Gaillardia Parkway  
 Suite 250

City Oklahoma City      State OK      Zip Code 73142-1840

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

Name of Employer Mass Mutual      Occupation Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 22 / 2015

**Transaction ID : 3676-6687-c**

Amount of Each Receipt this Period  
 125

Contribution

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

Mailing Address 4801 Gaillardia Parkway  
 Suite 250

City Oklahoma City      State OK      Zip Code 73142-1840

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

Name of Employer Mass Mutual      Occupation Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 22 / 2015

**Transaction ID : 3676-6849-c**

Amount of Each Receipt this Period  
 125

Contribution

Full Name (Last, First, Middle Initial)  
**C. Mark Burson**

Mailing Address 4801 Gaillardia Parkway  
 Suite 250

City Oklahoma City      State OK      Zip Code 73142-1840

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

Name of Employer Mass Mutual      Occupation Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 22 / 2015

**Transaction ID : 3676-6946-c**

Amount of Each Receipt this Period  
 125

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Association for Advanced Life Underwriting PAC (AALU PAC)**

**A. David F. Byers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4233 Old Brook Trl  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Strategies Group Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400

Date of Receipt  
 07 / 14 / 2015  
**Transaction ID : 91-6394-c**  
 Amount of Each Receipt this Period 200  
 Contribution

**B. David F. Byers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4233 Old Brook Trl  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Strategies Group Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400

Date of Receipt  
 08 / 14 / 2015  
**Transaction ID : 91-6466-c**  
 Amount of Each Receipt this Period 200  
 Contribution

**C. David F. Byers Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4233 Old Brook Trl  
 City Birmingham State AL Zip Code 35243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Strategies Group Occupation Managing Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2400

Date of Receipt  
 09 / 14 / 2015  
**Transaction ID : 91-6544-c**  
 Amount of Each Receipt this Period 200  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 20 OF 197
	<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. David F. Byers Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4233 Old Brook Trl

City Birmingham State AL Zip Code 35243

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

Name of Employer Capital Strategies Group Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400

Date of Receipt 10 / 14 / 2015  
**Transaction ID : 91-6637-c**

Amount of Each Receipt this Period 200

Contribution

**B. David F. Byers Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4233 Old Brook Trl

City Birmingham State AL Zip Code 35243

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

Name of Employer Capital Strategies Group Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400

Date of Receipt 11 / 14 / 2015  
**Transaction ID : 91-6827-c**

Amount of Each Receipt this Period 200

Contribution

**C. David F. Byers Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 4233 Old Brook Trl

City Birmingham State AL Zip Code 35243

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

Name of Employer Capital Strategies Group Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 2400

Date of Receipt 12 / 14 / 2015  
**Transaction ID : 91-6921-c**

Amount of Each Receipt this Period 200

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00

**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 21 OF 197
	<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. Daniel F. Byrne**  
Full Name (Last, First, Middle Initial)

Mailing Address 420 NW 11th Ave  
Unit 1202

City Portland State OR Zip Code 97209

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

Name of Employer M Financial Group Occupation Sr Vice President - Product & CTO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
**09 / 30 / 2015**

**Transaction ID : 93-6577-c**

Amount of Each Receipt this Period  
**250**

Contribution

**B. Michael T. Byrne**  
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 Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**12 / 04 / 2015**

**Transaction ID : 3089-6911-c**

Amount of Each Receipt this Period  
**1500**

Contribution

**c. G. Scott Cahill**  
Full Name (Last, First, Middle Initial)

Mailing Address 910 S Trotters Drive

City Maitland State FL Zip Code 32751-5735

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

Name of Employer Fulcrum Partners, LLC Occupation Managing Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**12 / 29 / 2015**

**Transaction ID : 96-6906-c**

Amount of Each Receipt this Period  
**1000**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **2750.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 22 OF 197
	(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. Cahill Inc.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 801 N Orange Avenue  
 Suite 820  
 City Orlando State FL Zip Code 32801-5203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : 3792-6897-c**  
 Amount of Each Receipt this Period  
 1000  
 Refunded on 12/17/2015

**B. Roger E. Cammon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Deer Creek Lane  
 City Saint Louis State MO Zip Code 63124-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bryant Group, Inc. Executive Vice President  
 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  
 07 / 14 / 2015  
**Transaction ID : 2696-6401-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Roger E. Cammon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 Deer Creek Lane  
 City Saint Louis State MO Zip Code 63124-1445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bryant Group, Inc. Executive Vice President  
 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  
 08 / 14 / 2015  
**Transaction ID : 2696-6473-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	▶	1250.00
<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 23 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Roger E. Cammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Deer Creek Lane

City Saint Louis State MO Zip Code 63124-1445

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

Name of Employer: Bryant Group, Inc. Occupation: Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt: **09 / 14 / 2015**  
Transaction ID : **2696-6550-c**

Amount of Each Receipt this Period: **125**

Contribution

**B. Roger E. Cammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Deer Creek Lane

City Saint Louis State MO Zip Code 63124-1445

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

Name of Employer: Bryant Group, Inc. Occupation: Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt: **10 / 14 / 2015**  
Transaction ID : **2696-6643-c**

Amount of Each Receipt this Period: **125**

Contribution

**C. Roger E. Cammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Deer Creek Lane

City Saint Louis State MO Zip Code 63124-1445

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

Name of Employer: Bryant Group, Inc. Occupation: Executive Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt: **11 / 14 / 2015**  
Transaction ID : **2696-6833-c**

Amount of Each Receipt this Period: **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 24 OF 197
	(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"/> 16
		<input type="checkbox"/> 17

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

**A. Roger E. Cammon**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 Deer Creek Lane

City Saint Louis State MO Zip Code 63124-1445

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

Name of Employer Occupation  
Bryant Group, Inc. Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**12 / 14 / 2015**

**Transaction ID : 2696-6926-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Constance Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address 5610 40th Ave W

City Seattle State WA Zip Code 98199

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

Name of Employer Occupation  
The Lyman Group Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt  
**10 / 27 / 2015**

**Transaction ID : 3454-6728-c**

Amount of Each Receipt this Period  
**300**

Contribution

**C. Christy Castronovo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1276 N 15th Avenue

City Bozeman State MT Zip Code 59715-3289

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 ▼ **500**

Date of Receipt  
**07 / 26 / 2015**

**Transaction ID : 3609-6423-c**

Amount of Each Receipt this Period  
**100**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **525.00**

**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 25 OF 197
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Rudolph A. Cecchi</b>		Date of Receipt 12 / 22 / 2015 <b>Transaction ID : 1094-6947-c</b>
Mailing Address 2665 S Bayshore Drive Suite 620		Amount of Each Receipt this Period 1500
City Miami	State FL	Zip Code 33133-5406
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Rudy Cecchi & Associates Inc.	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Alexander A. Chernoff</b>		Date of Receipt 10 / 19 / 2015 <b>Transaction ID : 116-6605-c</b>
Mailing Address 725 Rxr Plaza, East Tower		Amount of Each Receipt this Period 250
City Uniondale	State NY	Zip Code 11556
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Chernoff Diamond & Co., LLC	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

Full Name (Last, First, Middle Initial) <b>C. Luis G. Chiappy</b>		Date of Receipt 07 / 20 / 2015 <b>Transaction ID : 117-6408-c</b>
Mailing Address 880 Jeronimo Dr		Amount of Each Receipt this Period 125
City Coral Gables	State FL	Zip Code 33146
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Paramount Planning Group	Occupation Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 26 OF 197  
(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. Luis G. Chiappy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 Jeronimo Dr  
 City State Zip Code  
 Coral Gables FL 33146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Paramount Planning Group Life Insurance Agent  
 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  
 08 / 20 / 2015  
**Transaction ID : 117-6490-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Luis G. Chiappy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 Jeronimo Dr  
 City State Zip Code  
 Coral Gables FL 33146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Paramount Planning Group Life Insurance Agent  
 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  
 09 / 20 / 2015  
**Transaction ID : 117-6558-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Luis G. Chiappy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 880 Jeronimo Dr  
 City State Zip Code  
 Coral Gables FL 33146  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Paramount Planning Group Life Insurance Agent  
 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  
 10 / 20 / 2015  
**Transaction ID : 117-6672-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **375.00**  
**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 27 OF 197
<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. Luis G. Chiappy**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 Jeronimo Dr

City Coral Gables State FL Zip Code 33146

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

Name of Employer Paramount Planning Group Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **11 / 20 / 2015**

**Transaction ID : 117-6843-c**

Amount of Each Receipt this Period **125**

Contribution

**B. Luis G. Chiappy**  
Full Name (Last, First, Middle Initial)

Mailing Address 880 Jeronimo Dr

City Coral Gables State FL Zip Code 33146

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

Name of Employer Paramount Planning Group Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **12 / 20 / 2015**

**Transaction ID : 117-6940-c**

Amount of Each Receipt this Period **125**

Contribution

**C. James E. Cleary III**  
Full Name (Last, First, Middle Initial)

Mailing Address 3 Peregrine

City Littleton State CO Zip Code 80127-5770

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

Name of Employer Creative Financial Group Occupation Financial Planner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt **11 / 03 / 2015**

**Transaction ID : 3767-6777-c**

Amount of Each Receipt this Period **250**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

**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 28 OF 197
	<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 Coats**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10810 Executive Center Drive  
 Suite 301  
 City Little Rock State AR Zip Code 72211-4388  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integrated Financial Occupation Macro Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : 2886-6775-c**  
 Amount of Each Receipt this Period  
 250  
 Contribution

**B. Thomas J. Cohn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6464 Ellenwood Avenue  
 City Clayton State MO Zip Code 63105-2229  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Cohn Associates Occupation Financial Adviser  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : 131-6725-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**C. Frank Congilose**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2431 Atlantic Avenue  
 City Manasquan State NJ Zip Code 08736-1014  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation General 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  
 10 / 30 / 2015  
**Transaction ID : 2733-6753-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 29 OF 197
	<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. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 07 / 23 / 2015  
**Transaction ID : 2816-6418-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 08 / 23 / 2015  
**Transaction ID : 2816-6498-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 09 / 23 / 2015  
**Transaction ID : 2816-6567-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 30 OF 197
	<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. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 2816-6701-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 11 / 23 / 2015  
**Transaction ID : 2816-6870-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Mark B. Connelly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 328 W 34th Street  
 City Houston State TX Zip Code 77018-7612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wealth Design Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 12 / 23 / 2015  
**Transaction ID : 2816-6950-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 31 OF 197
	<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. David J. Coyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 152 Fuller Street

City West Newton State MA Zip Code 02465-2803

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

Name of Employer The Coyle Company Occupation CEO

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  
**09 / 29 / 2015**

**Transaction ID : 208-6573-c**

Amount of Each Receipt this Period  
**500**

Contribution

**B. Clinton J. Crocker**  
Full Name (Last, First, Middle Initial)

Mailing Address 5118 Piper Glen Drive

City Charlotte State NC Zip Code 28277-0389

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 ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**08 / 12 / 2015**

**Transaction ID : 214-6459-c**

Amount of Each Receipt this Period  
**1000**

Contribution

**c. David A. Culley**  
Full Name (Last, First, Middle Initial)

Mailing Address 3728 Vermont Place NE

City Atlanta State GA Zip Code 30319-6104

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

Name of Employer NLEC Occupation Life Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**07 / 21 / 2015**

**Transaction ID : 138-6414-c**

Amount of Each Receipt this Period  
**1000**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2500.00</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 32 OF 197  
(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. Thomas E. Daley**

Mailing Address 55 Forrest Hills Drive

City State Zip Code  
 Voorhees NJ 08043-3900

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

Name of Employer Occupation  
 Penn Mutual Life Ins. Co. Regional 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  
 10 / 30 / 2015

**Transaction ID : 223-6763-c**

Amount of Each Receipt this Period  
 1500

Contribution

Full Name (Last, First, Middle Initial)  
**B. Randall Davey**

Mailing Address 11401 St Andrews Place

City State Zip Code  
 Mukilteo WA 98275-4865

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

Name of Employer Occupation  
 Top Doc Financial Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 12 / 2015

**Transaction ID : 3386-6386-c**

Amount of Each Receipt this Period  
 200

Contribution

Full Name (Last, First, Middle Initial)  
**C. Randall Davey**

Mailing Address 11401 St Andrews Place

City State Zip Code  
 Mukilteo WA 98275-4865

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

Name of Employer Occupation  
 Top Doc Financial Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 2200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 12 / 2015

**Transaction ID : 3386-6457-c**

Amount of Each Receipt this Period  
 200

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1900.00

**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 33 OF 197
	<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. Randall Davey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11401 St Andrews Place

City Mukilteo	State WA	Zip Code 98275-4865
------------------	-------------	------------------------

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

Name of Employer Top Doc Financial	Occupation Financial Advisor
---------------------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 12 / 2015**  
**Transaction ID : 3386-6538-c**

Amount of Each Receipt this Period  
**200**

Contribution

**B. Randall Davey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11401 St Andrews Place

City Mukilteo	State WA	Zip Code 98275-4865
------------------	-------------	------------------------

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

Name of Employer Top Doc Financial	Occupation Financial Advisor
---------------------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2015**  
**Transaction ID : 3386-6618-c**

Amount of Each Receipt this Period  
**200**

Contribution

**C. Randall Davey**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11401 St Andrews Place

City Mukilteo	State WA	Zip Code 98275-4865
------------------	-------------	------------------------

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

Name of Employer Top Doc Financial	Occupation Financial Advisor
---------------------------------------	---------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 12 / 2015**  
**Transaction ID : 3386-6822-c**

Amount of Each Receipt this Period  
**200**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>600.00</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 34 OF 197
	<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. Randall Davey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11401 St Andrews Place  
 City Mukilteo State WA Zip Code 98275-4865  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Top Doc Financial Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2200

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 12 / 12 / 2015  
**Transaction ID : 3386-6916-c**  
 Amount of Each Receipt this Period  
 200  
 Contribution

**B. Jeremy Dicker**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 520 S Broadway Suite 300  
 City Los Angeles State CA Zip Code 90401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer One Wealth Management Occupation Founding Partner  
 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 / 30 / 2015  
**Transaction ID : 3487-6757-c**  
 Amount of Each Receipt this Period  
 1200  
 Contribution

**C. John Dixon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1593 Spring Hill Road Suite 500E  
 City Vienna State VA Zip Code 22182-2262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capitol Financial Partners Occupation General 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  
 08 / 07 / 2015  
**Transaction ID : 3706-6449-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 35 OF 197  
(check only one)

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

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

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

**A. Robert Ducato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E Main Street  
City Westfield State NY Zip Code 14787-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Occupation Regional Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 07 / 14 / 2015  
**Transaction ID : 3632-6391-c**  
Amount of Each Receipt this Period 125  
Contribution

**B. Robert Ducato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E Main Street  
City Westfield State NY Zip Code 14787-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Occupation Regional Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 08 / 14 / 2015  
**Transaction ID : 3632-6463-c**  
Amount of Each Receipt this Period 125  
Contribution

**C. Robert Ducato**  
Full Name (Last, First, Middle Initial)  
Mailing Address 35 E Main Street  
City Westfield State NY Zip Code 14787-1319  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Occupation Regional Representative  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 3632-6541-c**  
Amount of Each Receipt this Period 125  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 36 OF 197  
(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. Robert Ducato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 E Main Street  
 City Westfield State NY Zip Code 14787-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Regional Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 14 / 2015  
**Transaction ID : 3632-6634-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Robert Ducato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 E Main Street  
 City Westfield State NY Zip Code 14787-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Regional Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 11 / 14 / 2015  
**Transaction ID : 3632-6824-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Robert Ducato**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 35 E Main Street  
 City Westfield State NY Zip Code 14787-1319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Regional Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 12 / 14 / 2015  
**Transaction ID : 3632-6918-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 37 OF 197
	<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. Michael S. Dunn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 365 N Main Street  
 City Suffield State CT Zip Code 06078-1828  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Financial Group Occupation VP Distribution Relationships  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 2931-6765-c**  
 Amount of Each Receipt this Period  
 250  
 Contribution

**B. William E. Ebel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8220 San Pedro NE Suite 505  
 City Albuquerque State NM Zip Code 87113  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Special Agent  
 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  
 11 / 20 / 2015  
**Transaction ID : 271-6847-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

**C. David D. Ehlert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4676 Burge Rd  
 City Stockton State CA Zip Code 95215-9163  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M Advisory Group Occupation Life Insurance  
 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  
 08 / 11 / 2015  
**Transaction ID : 277-6454-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3250.00
<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 38 OF 197
	<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	<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. Randall E. Ellington</b>		Date of Receipt
Mailing Address 543 N Wymore Road Suite 101		<input type="text" value="07"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Maitland	State FL	Zip Code 32751-4270
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 284-6416-c</b>
Name of Employer SmartWealth, Inc.		Amount of Each Receipt this Period
Occupation Financial Services		<input type="text" value="125"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="1125"/>

Full Name (Last, First, Middle Initial) <b>B. Randall E. Ellington</b>		Date of Receipt
Mailing Address 543 N Wymore Road Suite 101		<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Maitland	State FL	Zip Code 32751-4270
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 284-6496-c</b>
Name of Employer SmartWealth, Inc.		Amount of Each Receipt this Period
Occupation Financial Services		<input type="text" value="125"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="1125"/>

Full Name (Last, First, Middle Initial) <b>C. Randall E. Ellington</b>		Date of Receipt
Mailing Address 543 N Wymore Road Suite 101		<input type="text" value="09"/> / <input type="text" value="23"/> / <input type="text" value="2015"/>
City Maitland	State FL	Zip Code 32751-4270
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		<b>Transaction ID : 284-6565-c</b>
Name of Employer SmartWealth, Inc.		Amount of Each Receipt this Period
Occupation Financial Services		<input type="text" value="125"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		<input type="text" value="1125"/>

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 39 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Randall E. Ellington**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 N Wymore Road  
Suite 101

City Maitland State FL Zip Code 32751-4270

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

Name of Employer SmartWealth, Inc. Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125

Date of Receipt 10 / 23 / 2015  
**Transaction ID : 284-6699-c**

Amount of Each Receipt this Period 125

Contribution

**B. Randall E. Ellington**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 N Wymore Road  
Suite 101

City Maitland State FL Zip Code 32751-4270

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

Name of Employer SmartWealth, Inc. Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125

Date of Receipt 11 / 23 / 2015  
**Transaction ID : 284-6868-c**

Amount of Each Receipt this Period 125

Contribution

**C. Randall E. Ellington**  
Full Name (Last, First, Middle Initial)

Mailing Address 543 N Wymore Road  
Suite 101

City Maitland State FL Zip Code 32751-4270

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

Name of Employer SmartWealth, Inc. Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1125

Date of Receipt 12 / 23 / 2015  
**Transaction ID : 284-6948-c**

Amount of Each Receipt this Period 125

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 40 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Stephen Feehan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 176 Garrett Road  
 City Windsor State NY Zip Code 13865-1603  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Feehan Group LLC Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 11 / 23 / 2015  
**Transaction ID : 3420-6813-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**B. Wendy Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20202 E Superstition Drive  
 City Queen Creek State AZ Zip Code 85142-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 02 / 2015  
**Transaction ID : 3656-6607-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Wendy Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20202 E Superstition Drive  
 City Queen Creek State AZ Zip Code 85142-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 11 / 02 / 2015  
**Transaction ID : 3656-6815-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 41 OF 197
	<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. Wendy Feldman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20202 E Superstition Drive  
 City Queen Creek State AZ Zip Code 85142-9760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 12 / 02 / 2015  
**Transaction ID : 3656-6908-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Tim C. Fitzgerald**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1754 E 70th Street  
 City Shreveport State LA Zip Code 71105-5213  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Tim Fitzgerald & Associates Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 08 / 13 / 2015  
**Transaction ID : 3018-6461-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**C. Matthew Flannery**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 612 Park Avenue  
 City Hoboken State NJ Zip Code 07030-3908  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategies For Wealth Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt 10 / 13 / 2015  
**Transaction ID : 3723-6627-c**  
 Amount of Each Receipt this Period 250  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1875.00
<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 42 OF 197
	<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. Carrie Fleisher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 525 NE 38th Court  
 City Hillsboro State OR Zip Code 97124-6338  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M Financial Group Occupation VP-Chief Risk & Compliance Off.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **750**

Date of Receipt **10 / 21 / 2015**  
**Transaction ID : 3328-6683-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**B. James D. Folbre Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14607 San Pedro Avenue Suite 202  
 City San Antonio State TX Zip Code 78232-4356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Folbre & Associates, Inc. Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 3763-6767-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. R. David Fritz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 626 E Wisconsin Avenue Suite 1000  
 City Milwaukee State WI Zip Code 53202-4616  
 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 ▼ **1500**

Date of Receipt **07 / 14 / 2015**  
**Transaction ID : 48-6393-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</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 43 OF 197
	<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. David Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Wisconsin Avenue  
Suite 1000

City Milwaukee State WI Zip Code 53202-4616

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 ▼ **1500**

Date of Receipt **08 / 14 / 2015**

**Transaction ID : 48-6465-c**

Amount of Each Receipt this Period **125**

Contribution

**B. R. David Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Wisconsin Avenue  
Suite 1000

City Milwaukee State WI Zip Code 53202-4616

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 ▼ **1500**

Date of Receipt **09 / 14 / 2015**

**Transaction ID : 48-6543-c**

Amount of Each Receipt this Period **125**

Contribution

**C. R. David Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Wisconsin Avenue  
Suite 1000

City Milwaukee State WI Zip Code 53202-4616

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 ▼ **1500**

Date of Receipt **10 / 14 / 2015**

**Transaction ID : 48-6636-c**

Amount of Each Receipt this Period **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</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 44 OF 197  
(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. R. David Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Wisconsin Avenue  
Suite 1000

City Milwaukee State WI Zip Code 53202-4616

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 ▼ **1500**

Date of Receipt  
**11 / 14 / 2015**  
Transaction ID : **48-6826-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. R. David Fritz**  
Full Name (Last, First, Middle Initial)

Mailing Address 626 E Wisconsin Avenue  
Suite 1000

City Milwaukee State WI Zip Code 53202-4616

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 ▼ **1500**

Date of Receipt  
**12 / 14 / 2015**  
Transaction ID : **48-6920-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Gregory T. Galef**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Westchester Avenue  
Suite N409

City Rye Brook State NY Zip Code 10573-1328

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

Name of Employer Strategies for Wealth Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
**10 / 16 / 2015**  
Transaction ID : **3768-6781-c**

Amount of Each Receipt this Period  
**250**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

**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 45 OF 197
<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. Darren Gerstenblatt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4 Harding Drive  
 City Rye State NY Zip Code 10580-1313  
 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 **500**

Date of Receipt **07 / 07 / 2015**  
**Transaction ID : 3702-6382-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. Christian Gardini**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 950 Main Avenue Suite 600  
 City Cleveland State OH Zip Code 44113-7207  
 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 / 30 / 2015**  
**Transaction ID : 3561-6760-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**C. Michael G. Goldstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2011 Yacht Mischief  
 City Newport Beach State CA Zip Code 92660-6713  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Gottlieb Organization Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **12 / 17 / 2015**  
**Transaction ID : 350-6937-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1700.00</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 46 OF 197
	<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. Willard Gombert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W 2nd Street  
 Suite 805  
 City Davenport State IA Zip Code 52801-1830  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Financial Architects Occupation Financial Planner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 12 / 2015**  
**Transaction ID : 3720-6620-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**B. Charles R. Grimes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9551 E Redfield Rd  
 Unit 1021  
 City Scottsdale State AZ Zip Code 85260  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lockton Companies Occupation VP - Executive Benefits Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : 365-6721-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. Shannon Hahn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 560 S Summit Street  
 City Barrington State IL Zip Code 60010-4414  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Downey Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 29 / 2015**  
**Transaction ID : 3657-6744-c**  
 Amount of Each Receipt this Period **500**  
 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 47 OF 197
	<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. Dermot T. Healey**  
Full Name (Last, First, Middle Initial)

Mailing Address 400 Ocean Trail Way Apt 110

City Jupiter State FL Zip Code 33477

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

Name of Employer E. A. Scribner Insurance Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **07 / 02 / 2015**

**Transaction ID : 392-6342-c**

Amount of Each Receipt this Period **1500**

Contribution

**B. 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 Healy Partners Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt **08 / 13 / 2015**

**Transaction ID : 393-6460-c**

Amount of Each Receipt this Period **1000**

Contribution

**C. 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 Healy Partners Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt **10 / 22 / 2015**

**Transaction ID : 393-6695-c**

Amount of Each Receipt this Period **250**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2750.00</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 48 OF 197
	<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. James B. Hebets**  
Full Name (Last, First, Middle Initial)

Mailing Address 2575 E Camelback Road  
Suite 700

City Phoenix State AZ Zip Code 85016-9209

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

Name of Employer The Hebets Co. Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000

Date of Receipt  
09 / 24 / 2015  
Transaction ID : 396-6569-c

Amount of Each Receipt this Period  
2000

Contribution

**B. James B. Hebets**  
Full Name (Last, First, Middle Initial)

Mailing Address 2575 E Camelback Road  
Suite 700

City Phoenix State AZ Zip Code 85016-9209

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

Name of Employer The Hebets Co. Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4000

Date of Receipt  
10 / 14 / 2015  
Transaction ID : 396-6647-c

Amount of Each Receipt this Period  
2000

Contribution

**C. Brian Heckert**  
Full Name (Last, First, Middle Initial)

Mailing Address 9627 Wall Street

City Nashville State IL Zip Code 62263-3416

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

Name of Employer NFP Occupation President/Managing Member

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
10 / 21 / 2015  
Transaction ID : 3741-6681-c

Amount of Each Receipt this Period  
1000

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: PAGE 49 OF 197  
(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. Jerry Hemmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12899 Stone Tower Loop  
 City Fort Myers State FL Zip Code 33913-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Investment Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2400**

Date of Receipt **07 / 14 / 2015**  
**Transaction ID : 2932-6397-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**B. Jerry Hemmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12899 Stone Tower Loop  
 City Fort Myers State FL Zip Code 33913-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Investment Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2400**

Date of Receipt **08 / 14 / 2015**  
**Transaction ID : 2932-6469-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**C. Jerry Hemmer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12899 Stone Tower Loop  
 City Fort Myers State FL Zip Code 33913-6770  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Investment Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2400**

Date of Receipt **09 / 14 / 2015**  
**Transaction ID : 2932-6546-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **600.00**  
**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 50 OF 197  
(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. Jerry Hemmer**  
Mailing Address 12899 Stone Tower Loop  
City Fort Myers State FL Zip Code 33913-6770  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Occupation Investment Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400

Date of Receipt 10 / 14 / 2015  
**Transaction ID : 2932-6639-c**  
Amount of Each Receipt this Period 200  
Contribution

Full Name (Last, First, Middle Initial)  
**B. Jerry Hemmer**  
Mailing Address 12899 Stone Tower Loop  
City Fort Myers State FL Zip Code 33913-6770  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Occupation Investment Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400

Date of Receipt 11 / 14 / 2015  
**Transaction ID : 2932-6829-c**  
Amount of Each Receipt this Period 200  
Contribution

Full Name (Last, First, Middle Initial)  
**C. Jerry Hemmer**  
Mailing Address 12899 Stone Tower Loop  
City Fort Myers State FL Zip Code 33913-6770  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Guardian Occupation Investment Advisor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 2400

Date of Receipt 12 / 14 / 2015  
**Transaction ID : 2932-6922-c**  
Amount of Each Receipt this Period 200  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 600.00  
**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 51 OF 197
	<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. Ira M. Hermann**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1 Lucca  
 City Laguna Niguel State CA Zip Code 92677-9030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capstone Partners Occupation Financial Advisor  
 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 / 27 / 2015  
**Transaction ID : 3188-6729-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**B. JoNell Hermanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7825 SE 31st Avenue  
 City Portland State OR Zip Code 97202-8538  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M Financial Group Occupation 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  
 12 / 08 / 2015  
**Transaction ID : 407-6914-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**C. David M. Hoff**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1839 Lake Saint Louis Boulevard  
 City Lake St Louis State MO Zip Code 63367-1394  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Heartland Corporation Occupation CLU  
 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  
 10 / 29 / 2015  
**Transaction ID : 420-6742-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 52 OF 197
	<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. Jeffrey M. Holler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2821 W 7th Street  
 Suite 550  
 City Fort Worth State TX Zip Code 76107-8918  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Capital Chart Room, Ltd. Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 07 / 29 / 2015  
**Transaction ID : 424-6426-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**B. Scott W. Holton**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 Northcliff Drive  
 City Rocky River State OH Zip Code 44116-1344  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Todd Organization Occupation Executive Benefits Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500

Date of Receipt 10 / 31 / 2015  
**Transaction ID : 429-6771-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**C. Peter Hoopis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 S Wacker Drive  
 City Chicago State IL Zip Code 60606-6680  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 30 / 2015  
**Transaction ID : 3766-6758-c**  
 Amount of Each Receipt this Period 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 53 OF 197
	<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. Kenneth Horowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9 Rodger Court  
 City Woodcliff Lk State NJ Zip Code 07677-7822  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Integrated Benefit Cons. Occupation Chartered Financial Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350**

Date of Receipt **10 / 13 / 2015**  
**Transaction ID : 3559-6628-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**B. N. Douglas Hostetler**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6030 Daybreak Circle  
 City Clarksville State MD Zip Code 21029-1642  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Hostetler & Church, LLC Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : 433-6722-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

**C. Jeffrey Howard**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9812 Chatham Oaks Trail  
 City Charlotte State NC Zip Code 28210-7813  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Financial Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : 3159-6689-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</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 54 OF 197
	<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. John Hunter**  
Full Name (Last, First, Middle Initial)

Mailing Address 1775 N Sherman Street  
Suite 1800

City Denver State CO Zip Code 80203-4318

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 ▼ **1500**

Date of Receipt  
**07 / 13 / 2015**

**Transaction ID : 3705-6388-c**

Amount of Each Receipt this Period  
**1500**

Contribution

**B. Louis E. Hyman**  
Full Name (Last, First, Middle Initial)

Mailing Address 22 Barthel Court

City Lutherville State MD Zip Code 21093-1549

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

Name of Employer Northwestern Mutual Occupation Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt  
**08 / 20 / 2015**

**Transaction ID : 442-6493-c**

Amount of Each Receipt this Period  
**750**

Contribution

**C. John Iezzi**  
Full Name (Last, First, Middle Initial)

Mailing Address 3901 Westerre Pkwy, Ste 300

City Richmond State VA Zip Code 23233

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

Name of Employer The Todd Organization Occupation Wealth Management Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**12 / 31 / 2015**

**Transaction ID : 3458-6966-c**

Amount of Each Receipt this Period  
**1000**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3250.00</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 55 OF 197  
(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. Joseph M. Ivceвич**  
 Mailing Address 7556 Morningside Drive  
 City State Zip Code  
 Indianapolis IN 46240-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ivceвич Consulting Group Registered Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 14 / 2015  
**Transaction ID : 447-6390-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Joseph M. Ivceвич**  
 Mailing Address 7556 Morningside Drive  
 City State Zip Code  
 Indianapolis IN 46240-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ivceвич Consulting Group Registered Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : 447-6462-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Joseph M. Ivceвич**  
 Mailing Address 7556 Morningside Drive  
 City State Zip Code  
 Indianapolis IN 46240-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ivceвич Consulting Group Registered Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 447-6540-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 56 OF 197  
(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. Joseph M. Ivcevic**  
 Mailing Address 7556 Morningside Drive  
 City State Zip Code  
 Indianapolis IN 46240-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Ivcevic Consulting Group Registered Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : 447-6633-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Michael Jacobson**  
 Mailing Address 1 Lyons Place  
 City State Zip Code  
 Larchmont NY 10538-3809  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Strategies For Wealth Financial Representative  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : 3727-6644-c**  
 Amount of Each Receipt this Period  
 250  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Dan Jenkins**  
 Mailing Address 1701 McFarland Road  
 City State Zip Code  
 Pittsburgh PA 15216-1812  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 JKS Financial Financial Advisor  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 3764-6768-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1375.00  
**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 57 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Rodger K. Johnson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5041 Kinsey Drive

City Tyler State TX Zip Code 75703-3006

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

Name of Employer Johnson Financial Group Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300**

Date of Receipt **11 / 01 / 2015**

**Transaction ID : 456-6814-c**

Amount of Each Receipt this Period **300**

Contribution

**B. Joe B. Jones**  
Full Name (Last, First, Middle Initial)

Mailing Address 612 New Hampshire Street

City Lawrence State KS Zip Code 66044-2241

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

Name of Employer Executive Benefits Network Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1300**

Date of Receipt **12 / 18 / 2015**

**Transaction ID : 459-6938-c**

Amount of Each Receipt this Period **1300**

Contribution

**C. Fred H. Jonske**  
Full Name (Last, First, Middle Initial)

Mailing Address 1153 SW Fairfax Place

City Portland State OR Zip Code 97225-6044

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

Name of Employer M Financial Group Occupation President & CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt **12 / 04 / 2015**

**Transaction ID : 464-6912-c**

Amount of Each Receipt this Period **250**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1850.00</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 58 OF 197  
(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. Stephen E. Kairies**  
 Mailing Address 6801 W 83rd Street  
 City State Zip Code  
 Bloomington MN 55438-1262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Access Financial Svcs., Inc. Founder/CFO  
 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  
 12 / 31 / 2015  
**Transaction ID : 468-6964-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Michael M. Kaleel**  
 Mailing Address PO Box 59  
 City State Zip Code  
 Hamilton MA 01936-0059  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Kaleel Company President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 09 / 2015  
**Transaction ID : 470-6809-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Geoff Kaltenbach**  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City State Zip Code  
 La Jolla CA 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 MassMutual of San Diego Managing Partner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 3677-6404-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ► 1625.00  
**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 59 OF 197
	<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. Geoff Kaltenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015  
**Transaction ID : 3677-6478-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Geoff Kaltenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 3677-6554-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Geoff Kaltenbach**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : 3677-6660-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 60 OF 197  
(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. Geoff Kaltenbach**  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 15 / 2015  
**Transaction ID : 3677-6836-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Geoff Kaltenbach**  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 15 / 2015  
**Transaction ID : 3677-6930-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Greg Kaltenbach**  
 Mailing Address 4275 Executive Square  
 Suite 400  
 City La Jolla State CA Zip Code 92037-1476  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual of San Diego Occupation General Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 3680-6405-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 61 OF 197
	(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)**

Full Name (Last, First, Middle Initial) <b>A. Greg Kaltenbach</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2015 <b>Transaction ID : 3680-6479-c</b>
Mailing Address 4275 Executive Square Suite 400		Amount of Each Receipt this Period 125 Contribution
City La Jolla	State CA	
Zip Code 92037-1476		FEC ID number of contributing federal political committee. C
Name of Employer MassMutual of San Diego		
Occupation General Manager		Aggregate Year-to-Date ▼ 1125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Greg Kaltenbach</b>		Date of Receipt MM / DD / YYYY 09 / 15 / 2015 <b>Transaction ID : 3680-6555-c</b>
Mailing Address 4275 Executive Square Suite 400		Amount of Each Receipt this Period 125 Contribution
City La Jolla	State CA	
Zip Code 92037-1476		FEC ID number of contributing federal political committee. C
Name of Employer MassMutual of San Diego		
Occupation General Manager		Aggregate Year-to-Date ▼ 1125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Greg Kaltenbach</b>		Date of Receipt MM / DD / YYYY 10 / 15 / 2015 <b>Transaction ID : 3680-6661-c</b>
Mailing Address 4275 Executive Square Suite 400		Amount of Each Receipt this Period 125 Contribution
City La Jolla	State CA	
Zip Code 92037-1476		FEC ID number of contributing federal political committee. C
Name of Employer MassMutual of San Diego		
Occupation General Manager		Aggregate Year-to-Date ▼ 1125
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 62 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Greg Kaltenbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 4275 Executive Square  
Suite 400

City La Jolla State CA Zip Code 92037-1476

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

Name of Employer MassMutual of San Diego Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125**

Date of Receipt  
**11 / 15 / 2015**  
Transaction ID : **3680-6837-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Greg Kaltenbach**  
Full Name (Last, First, Middle Initial)

Mailing Address 4275 Executive Square  
Suite 400

City La Jolla State CA Zip Code 92037-1476

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

Name of Employer MassMutual of San Diego Occupation General Manager

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125**

Date of Receipt  
**12 / 15 / 2015**  
Transaction ID : **3680-6931-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. George W. Karr Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 61 Gessner Road

City Kintnersville State PA Zip Code 18930-9628

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

Name of Employer Karr Barth Associates, Inc. Occupation Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000**

Date of Receipt  
**11 / 30 / 2015**  
Transaction ID : **481-6878-c**

Amount of Each Receipt this Period  
**2500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2750.00</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 63 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Adam S. Kaufman**  
Full Name (Last, First, Middle Initial)

Mailing Address 250 Crossways Park Drive

City Woodbury State NY Zip Code 11797-2015

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

Name of Employer SoundWealth Financial Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 15 / 2015  
**Transaction ID : 2834-6663-c**

Amount of Each Receipt this Period 1500

Contribution

**B. Kelm Financial Services, Inc.**  
Full Name (Last, First, Middle Initial)

Mailing Address 2139 NW Military Highway Suite 100

City San Antonio State TX Zip Code 78213-1831

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt 11 / 10 / 2015  
**Transaction ID : 3779-6811-c**

Amount of Each Receipt this Period 1000

Refunded on 12/4/2015

**C. Troy Kemelgor**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Yard Street Suite 300

City Columbus State OH Zip Code 43212-3869

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

Name of Employer The Kemelgor Financial Group Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500

Date of Receipt 07 / 08 / 2015  
**Transaction ID : 3704-6383-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 64 OF 197
	<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. Michael B. Kentor**  
Full Name (Last, First, Middle Initial)

Mailing Address 114 W 7th Street  
Suite 700

City Austin State TX Zip Code 78701-3011

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

Name of Employer The Kentor Company Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 08 / 25 / 2015  
**Transaction ID : 490-6500-c**

Amount of Each Receipt this Period 1000

Contribution

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

Mailing Address 114 W 7th Street  
Suite 700

City Austin State TX Zip Code 78701-3011

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

Name of Employer The Kentor Company Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 12 / 15 / 2015  
**Transaction ID : 490-6932-c**

Amount of Each Receipt this Period 1500

Contribution

**c. John S. Kerr**  
Full Name (Last, First, Middle Initial)

Mailing Address 11 Donnelly Dr

City Dover State MA Zip Code 02030

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

Name of Employer Bay Financial Associates Occupation Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500

Date of Receipt 12 / 28 / 2015  
**Transaction ID : 491-6956-c**

Amount of Each Receipt this Period 1000

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 65 OF 197
	<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. Brady C. Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Kirby Drive  
 Suite 700  
 City Houston State TX Zip Code 77019-6033  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Knight Planning Corp. Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000**

Date of Receipt **10 / 21 / 2015**  
**Transaction ID : 2724-6682-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. Barry N. Koslow**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 36 Caldwell Farm Road  
 City Byfield State MA Zip Code 01922-2823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MKA Exec. Professional Benefit Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 30 / 2015**  
**Transaction ID : 513-6748-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**C. Chau Lai**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13721 Mercado Drive  
 City Del Mar State CA Zip Code 92014-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Insurance Co. Occupation CFP  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2000**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 2453-6649-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1750.00</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 66 OF 197
	<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. John K. Lang**  
Full Name (Last, First, Middle Initial)

Mailing Address 2500 Westchester Ave

City State Zip Code  
Purchase NY 10577

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

Name of Employer Occupation  
Klang LLC Senior Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
12 / 31 / 2015  
**Transaction ID : 3624-6965-c**

Amount of Each Receipt this Period  
2000

Contribution

**B. David F. Lau**  
Full Name (Last, First, Middle Initial)

Mailing Address 44 E Long Lake Road # 300

City State Zip Code  
Bloomfield MI 48304-2321

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

Name of Employer Occupation  
Lau & Lau Associates, LLC Principal

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  
10 / 08 / 2015  
**Transaction ID : 537-6601-c**

Amount of Each Receipt this Period  
1500

Contribution

**C. Robert H. Leeper**  
Full Name (Last, First, Middle Initial)

Mailing Address 176 Painters Creek Rd

City State Zip Code  
Travelers Rest SC 29690

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

Name of Employer Occupation  
NFP Consulting

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
4500

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 09 / 2015  
**Transaction ID : 541-6537-c**

Amount of Each Receipt this Period  
1500

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<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 67 OF 197
	<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 E. Leisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 11200 Rockville Pike  
Suite 500

City Rockville State MD Zip Code 20852-3112

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

Name of Employer Agency One  
Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
08 / 06 / 2015  
Transaction ID : 543-6448-c

Amount of Each Receipt this Period  
200

Contribution

**B. Edward E. Leisher**  
Full Name (Last, First, Middle Initial)

Mailing Address 11200 Rockville Pike  
Suite 500

City Rockville State MD Zip Code 20852-3112

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

Name of Employer Agency One  
Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
10 / 14 / 2015  
Transaction ID : 543-6646-c

Amount of Each Receipt this Period  
800

Contribution

**C. William F. Leisman III**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 South Street  
Suite 650

City Waltham State MA Zip Code 02453-1478

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

Name of Employer Leisman Insurance Agency, Inc.  
Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
08 / 11 / 2015  
Transaction ID : 544-6456-c

Amount of Each Receipt this Period  
2500

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 68 OF 197
	<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. Peter P. Leone, Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 218 Eton Road  
 City Pittsburgh State PA Zip Code 15205-1733  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Financial Adviser  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500**

Date of Receipt **12 / 14 / 2015**  
**Transaction ID : 1109-6896-c**  
 Amount of Each Receipt this Period **1500**  
 Contribution

**B. Lanny D. Levin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 313 Laurel Avenue  
 City Highland Park State IL Zip Code 60035-2619  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lanny D. Levin Agency, Inc. Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **09 / 30 / 2015**  
**Transaction ID : 547-6576-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**C. Sidney Levine**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 325 N Williamson Boulevard Suite 120  
 City Daytona Beach State FL Zip Code 32114-8172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Executive Compensation Group Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **450**

Date of Receipt **11 / 03 / 2015**  
**Transaction ID : 549-6778-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1950.00</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 69 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Todd Levy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 26 Oak Hill Road  
City Chappaqua State NY Zip Code 10514-2514  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Prosperian Wealth Management Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000**

Date of Receipt **11 / 18 / 2015**  
**Transaction ID : 3781-6841-c**  
Amount of Each Receipt this Period **1000**  
Contribution

**B. Carolyn Lloyd-Turbett**  
Full Name (Last, First, Middle Initial)  
Mailing Address 60A Koeck Road  
City Columbia State NJ Zip Code 07832-2063  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Carolyn Lloyd-Cohen LLC Occupation President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1500**

Date of Receipt **07 / 10 / 2015**  
**Transaction ID : 562-6385-c**  
Amount of Each Receipt this Period **300**  
Contribution

**C. Matthew Lueder**  
Full Name (Last, First, Middle Initial)  
Mailing Address 330 E Kilbourn Avenue Suite 950  
City Milwaukee State WI Zip Code 53202-6630  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Lueder Financial Group Occupation Managing Partner  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **09 / 22 / 2015**  
**Transaction ID : 3324-6563-c**  
Amount of Each Receipt this Period **500**  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1800.00**  
**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 70 OF 197
	<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	<input type="checkbox"/> 17

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

**A. William J. Lynch**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 535 Boylston, Suite T2  
 City Boston State MA Zip Code 02116  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lynch & Associates Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2015  
**Transaction ID : 575-6668-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**B. Robert A. MacArthur**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Bluff Ave  
 City Cranston State RI Zip Code 02905  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Todd Organization Occupation Executive Benefits Consultant  
 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  
 12 / 16 / 2015  
**Transaction ID : 577-6935-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

**C. Richard D. Mack**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 201 W 103rd Street Suite 100  
 City Indianapolis State IN Zip Code 46290-1109  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mack Financial Group Occupation Financial Adviser  
 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  
 09 / 30 / 2015  
**Transaction ID : 580-6575-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 71 OF 197
	<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. Timothy P. Malarkey**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 209 Sycamore Lane  
 City Wallingford State PA Zip Code 19086-6526  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer 1934 Group Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 583-6766-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

**B. Dennis J. Manning**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 631 Long Ridge Road Unit 22  
 City Stamford State CT Zip Code 06902-1262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Life Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2015  
**Transaction ID : 589-6603-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**C. Paul Mass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2759 Belle Road  
 City Bellmore State NY Zip Code 11710-5209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sentinel Solutions Occupation Principal  
 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 / 30 / 2015  
**Transaction ID : 2551-6751-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 72 OF 197
	<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. Kenneth Masters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Brastow Drive  
 City Medfield State MA Zip Code 02052-1536  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Financial Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : 3574-6622-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**B. Paul Gerry Maurer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Union Street Suite 2500  
 City Seattle State WA Zip Code 98101-4074  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Estate Planning  
 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 / 22 / 2015  
**Transaction ID : 595-6696-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**C. Richard Maus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Legacy Drive Suite 250  
 City Frisco State TX Zip Code 75034-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Nautilus Group Occupation 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  
 10 / 22 / 2015  
**Transaction ID : 2785-6694-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3500.00
<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 73 OF 197
	<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. Stephen N. Maus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2500 Legacy Drive  
 Suite 250  
 City Frisco State TX Zip Code 75034-1849  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Insurance Co. Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700

Date of Receipt 07 / 23 / 2015  
**Transaction ID : 596-6419-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**B. Marla McClain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 Tortuga Trail  
 City Austin State TX Zip Code 78731-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Kentor Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875

Date of Receipt 07 / 16 / 2015  
**Transaction ID : 600-6406-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Marla McClain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 Tortuga Trail  
 City Austin State TX Zip Code 78731-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Kentor Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 875

Date of Receipt 08 / 16 / 2015  
**Transaction ID : 600-6481-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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 74 OF 197
	<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. Marla McClain**  
Full Name (Last, First, Middle Initial)

Mailing Address 5402 Tortuga Trail

City Austin State TX Zip Code 78731-4542

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

Name of Employer The Kentor Company Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2015**

**Transaction ID : 600-6557-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Marla McClain**  
Full Name (Last, First, Middle Initial)

Mailing Address 5402 Tortuga Trail

City Austin State TX Zip Code 78731-4542

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

Name of Employer The Kentor Company Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 16 / 2015**

**Transaction ID : 600-6664-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Marla McClain**  
Full Name (Last, First, Middle Initial)

Mailing Address 5402 Tortuga Trail

City Austin State TX Zip Code 78731-4542

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

Name of Employer The Kentor Company Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 16 / 2015**

**Transaction ID : 600-6838-c**

Amount of Each Receipt this Period  
**125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 75 OF 197
	<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. Marla McClain**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5402 Tortuga Trail  
 City Austin State TX Zip Code 78731-4542  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Kentor Company Occupation Executive Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **875**

Date of Receipt **12 / 16 / 2015**  
**Transaction ID : 600-6934-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**B. Richard McCool**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6704 Plantation Road Suite A  
 City Pensacola State FL Zip Code 32504-6253  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Senior Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 28 / 2015**  
**Transaction ID : 3605-6739-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**C. Meghann McKenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 W College Street  
 City Bozeman State MT Zip Code 59715-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McKenna Financial Occupation Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1250**

Date of Receipt **07 / 14 / 2015**  
**Transaction ID : 3635-6399-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **500.00**  
**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 76 OF 197
	<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. Meghann McKenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 W College Street  
 City Bozeman State MT Zip Code 59715-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McKenna Financial Occupation Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 14 / 2015  
**Transaction ID : 3635-6471-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Meghann McKenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 W College Street  
 City Bozeman State MT Zip Code 59715-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McKenna Financial Occupation Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 09 / 14 / 2015  
**Transaction ID : 3635-6548-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Meghann McKenna**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1711 W College Street  
 City Bozeman State MT Zip Code 59715-4913  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer McKenna Financial Occupation Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 14 / 2015  
**Transaction ID : 3635-6641-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 77 OF 197
	<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. Meghann McKenna**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 W College Street

City Bozeman State MT Zip Code 59715-4913

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

Name of Employer McKenna Financial Occupation Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt  
**11 / 14 / 2015**  
**Transaction ID : 3635-6831-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Meghann McKenna**  
Full Name (Last, First, Middle Initial)

Mailing Address 1711 W College Street

City Bozeman State MT Zip Code 59715-4913

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

Name of Employer McKenna Financial Occupation Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt  
**12 / 14 / 2015**  
**Transaction ID : 3635-6923-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Roxana McKinney**  
Full Name (Last, First, Middle Initial)

Mailing Address 2310 41st Avenue Apt. 5G

City Long Island City State NY Zip Code 11101-3948

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

Name of Employer Strategies For Wealth Occupation Financial Coach

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**10 / 22 / 2015**  
**Transaction ID : 3747-6697-c**

Amount of Each Receipt this Period  
**1000**

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 78 OF 197
	<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. Timothy McLanahan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 8947  
 City Mandeville State LA Zip Code 70470-8947  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Becker Suffern McLanahan Ltd Occupation Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1750

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 13 / 2015  
**Transaction ID : 3721-6623-c**  
 Amount of Each Receipt this Period  
 1750  
 Contribution

**B. Seth Medalie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 758 South Street  
 City Needham State MA Zip Code 02492-2775  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Representative and Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 16 / 2015  
**Transaction ID : 3022-6407-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**C. Anthony Mento**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2 Central Avenue  
 City Hammonton State NJ Zip Code 08037-1670  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LIFE Brokerage LLC Occupation President  
 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  
 12 / 29 / 2015  
**Transaction ID : 3064-6959-c**  
 Amount of Each Receipt this Period  
 1500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<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 79 OF 197
	<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. Bennett S. Meyer**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 261 Old York Road  
 Suite 604  
 City Jenkintown State PA Zip Code 19046-3706  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Meyer-Chatfield, Corp. Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 12 / 28 / 2015  
**Transaction ID : 623-6957-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. Todd M. Mezrah**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5350 W Kennedy Boulevard  
 Suite 2  
 City Tampa State FL Zip Code 34606  
 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 ▼ 1750

Date of Receipt 10 / 13 / 2015  
**Transaction ID : 629-6624-c**  
 Amount of Each Receipt this Period 250  
 Contribution

**C. 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 ▼ 1000

Date of Receipt 08 / 10 / 2015  
**Transaction ID : 3572-6452-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00  
**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 80 OF 197
	<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. 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 ▼ **1000**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**10 / 12 / 2015**

**Transaction ID : 3572-6621-c**

Amount of Each Receipt this Period  
**500**

Contribution

**B. Rhonda Miller**  
Full Name (Last, First, Middle Initial)

Mailing Address 746 Briarcrest Drive

City Orange City State FL Zip Code 32763-7634

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

Name of Employer MullinTBG Occupation Sr Vice President

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 / 06 / 2015**

**Transaction ID : 3524-6614-c**

Amount of Each Receipt this Period  
**1500**

Contribution

**C. Marc Mingoelli**  
Full Name (Last, First, Middle Initial)

Mailing Address 81 Avon Circle

City Needham State MA Zip Code 02494-2007

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

Name of Employer M Financial Occupation Director of Client Relations

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  
**08 / 11 / 2015**

**Transaction ID : 3707-6455-c**

Amount of Each Receipt this Period  
**1500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3500.00</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 81 OF 197
	<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. Michael A. Mingolelli Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 Benvenue Street  
 City Wellesley State MA Zip Code 02482-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Financial Group Occupation Insurance Broker/Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 07 / 13 / 2015  
**Transaction ID : 637-6389-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. David Mirabito**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 679 Forest Avenue  
 City Fulton State NY Zip Code 13069-3303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MetLife Occupation Sr. Financial Services Executive  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 08 / 2015  
**Transaction ID : 3661-6600-c**  
 Amount of Each Receipt this Period 1250  
 Contribution

**C. Ryan Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23914 Lakeside Road  
 City Valencia State CA Zip Code 91355-1605  
 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 ▼ 1000

Date of Receipt 07 / 12 / 2015  
**Transaction ID : 3690-6387-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 82 OF 197  
(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. Ryan Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23914 Lakeside Road  
 City Valencia State CA Zip Code 91355-1605  
 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 ▼ 1000

Date of Receipt 08 / 12 / 2015  
**Transaction ID : 3690-6458-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Ryan Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23914 Lakeside Road  
 City Valencia State CA Zip Code 91355-1605  
 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 ▼ 1000

Date of Receipt 09 / 12 / 2015  
**Transaction ID : 3690-6539-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**C. Ryan Moore**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 23914 Lakeside Road  
 City Valencia State CA Zip Code 91355-1605  
 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 ▼ 1000

Date of Receipt 10 / 12 / 2015  
**Transaction ID : 3690-6619-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 83 OF 197
	<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. Ryan Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 23914 Lakeside Road

City Valencia State CA Zip Code 91355-1605

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 ▼ **1000**

Date of Receipt  
**11 / 12 / 2015**  
**Transaction ID : 3690-6823-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Ryan Moore**  
Full Name (Last, First, Middle Initial)

Mailing Address 23914 Lakeside Road

City Valencia State CA Zip Code 91355-1605

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 ▼ **1000**

Date of Receipt  
**12 / 12 / 2015**  
**Transaction ID : 3690-6917-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Michael Morris**  
Full Name (Last, First, Middle Initial)

Mailing Address 8150 Fawn Valley Drive

City Clarkston State MI Zip Code 48348-4542

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

Name of Employer Guardian Life Insurance Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
**10 / 21 / 2015**  
**Transaction ID : 3743-6685-c**

Amount of Each Receipt this Period  
**250**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **500.00**

**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 84 OF 197
<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. Donald E. Morris, Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 480 El Alamo

City Danville State CA Zip Code 94526-1440

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

Name of Employer Occupation  
Sitzmann, Morris & Lavis, Inc. Insurance Broker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt  
**10 / 27 / 2015**

**Transaction ID : 649-6730-c**

Amount of Each Receipt this Period  
**250**

Contribution

**B. Lawrence Moskowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Windsor Drive

City Livingston State NJ Zip Code 07039-3515

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

Name of Employer Occupation  
Certified Financial Services Investment Advisor Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**07 / 28 / 2015**

**Transaction ID : 3613-6424-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Lawrence Moskowitz**  
Full Name (Last, First, Middle Initial)

Mailing Address 21 Windsor Drive

City Livingston State NJ Zip Code 07039-3515

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

Name of Employer Occupation  
Certified Financial Services Investment Advisor Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**08 / 28 / 2015**

**Transaction ID : 3613-6503-c**

Amount of Each Receipt this Period  
**125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>500.00</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 85 OF 197  
(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. Lawrence Moskowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Windsor Drive  
 City Livingston State NJ Zip Code 07039-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Certified Financial Services Investment Advisor Representative  
 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  
 09 / 28 / 2015  
**Transaction ID : 3613-6571-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Lawrence Moskowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Windsor Drive  
 City Livingston State NJ Zip Code 07039-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Certified Financial Services Investment Advisor Representative  
 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  
 10 / 28 / 2015  
**Transaction ID : 3613-6732-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Lawrence Moskowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Windsor Drive  
 City Livingston State NJ Zip Code 07039-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Certified Financial Services Investment Advisor Representative  
 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  
 11 / 28 / 2015  
**Transaction ID : 3613-6873-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 86 OF 197
	<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. Lawrence Moskowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 21 Windsor Drive  
 City Livingston State NJ Zip Code 07039-3515  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Certified Financial Services Occupation Investment Advisor Representative  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1500

Date of Receipt 12 / 28 / 2015  
**Transaction ID : 3613-6954-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. David J. Mozeika**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1959 State Route 34 Suite 101  
 City Wall Township State NJ Zip Code 07719-9750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Founder & President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 500

Date of Receipt 10 / 21 / 2015  
**Transaction ID : 2788-6680-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**C. Peter W. Mullin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2242 Purdue Avenue  
 City Los Angeles State CA Zip Code 90064-1610  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mullin Barens Sanford Fin. Occupation Chairman Emeritus  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date 1200

Date of Receipt 09 / 14 / 2015  
**Transaction ID : 659-6551-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 1625.00  
**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 87 OF 197
	(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. Joseph Murnane**  
Full Name (Last, First, Middle Initial)

Mailing Address 650 Dundee Road  
Suite 450

City Northbrook State IL Zip Code 60062-2700

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 ▼  
1000

Date of Receipt  
07 / 14 / 2015  
Transaction ID : 3634-6396-c

Amount of Each Receipt this Period  
125

Contribution

**B. Joseph Murnane**  
Full Name (Last, First, Middle Initial)

Mailing Address 650 Dundee Road  
Suite 450

City Northbrook State IL Zip Code 60062-2700

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 ▼  
1000

Date of Receipt  
08 / 14 / 2015  
Transaction ID : 3634-6468-c

Amount of Each Receipt this Period  
125

Contribution

**C. Martin Nachemson**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Little Brook Road

City Wilton State CT Zip Code 06897-3524

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

Name of Employer Prosperian Wealth Mgmt Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
12 / 14 / 2015  
Transaction ID : 3795-6927-c

Amount of Each Receipt this Period  
1000

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<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 88 OF 197
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Raymond Nash</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 27 / 2015 <b>Transaction ID : 3751-6712-c</b>
Mailing Address 3421 Ridgewood Road Suite 225		Amount of Each Receipt this Period 500
City Fairlawn State OH Zip Code 44333-3180	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Cornerstone Consulting Group Occupation CEO & President	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500

Full Name (Last, First, Middle Initial) <b>B. Jeffrey Neeck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 07 / 29 / 2015 <b>Transaction ID : 3639-6425-c</b>
Mailing Address 21 Hardscrabble Hill Road		Amount of Each Receipt this Period 125
City Chappaqua State NY Zip Code 10514-3009	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Strategies For Wealth Occupation Associate General Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500

Full Name (Last, First, Middle Initial) <b>C. Jeffrey Neeck</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 08 / 29 / 2015 <b>Transaction ID : 3639-6504-c</b>
Mailing Address 21 Hardscrabble Hill Road		Amount of Each Receipt this Period 125
City Chappaqua State NY Zip Code 10514-3009	FEC ID number of contributing federal political committee. C	Contribution
Name of Employer Strategies For Wealth Occupation Associate General Agent	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



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

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

FOR LINE NUMBER: PAGE 89 OF 197  
(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. Jeffrey Neeck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Hardscrabble Hill Road  
City Chappaqua State NY Zip Code 10514-3009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Strategies For Wealth Occupation Associate General Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 09 / 29 / 2015  
**Transaction ID : 3639-6572-c**  
Amount of Each Receipt this Period 125  
Contribution

**B. Jeffrey Neeck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Hardscrabble Hill Road  
City Chappaqua State NY Zip Code 10514-3009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Strategies For Wealth Occupation Associate General Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 29 / 2015  
**Transaction ID : 3639-6740-c**  
Amount of Each Receipt this Period 125  
Contribution

**C. Jeffrey Neeck**  
Full Name (Last, First, Middle Initial)  
Mailing Address 21 Hardscrabble Hill Road  
City Chappaqua State NY Zip Code 10514-3009  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Strategies For Wealth Occupation Associate General Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1500

Date of Receipt 11 / 29 / 2015  
**Transaction ID : 3639-6874-c**  
Amount of Each Receipt this Period 125  
Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 90 OF 197
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Jeffrey Neeck</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 29 / 2015 <b>Transaction ID : 3639-6958-c</b>
Mailing Address 21 Hardscrabble Hill Road		Amount of Each Receipt this Period 125
City Chappaqua	State NY	Zip Code 10514-3009
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Strategies For Wealth	Occupation Associate General Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Michael R. Noland</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2015 <b>Transaction ID : 673-6667-c</b>
Mailing Address 15 W 6th Street, 25th Flr		Amount of Each Receipt this Period 1500
City Tulsa	State OK	Zip Code 74119-5415
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Integrated Financial	Occupation Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>C. Jason O'Dell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 20 / 2015 <b>Transaction ID : 2802-6412-c</b>
Mailing Address 8044 Montgomery Road Suite 440		Amount of Each Receipt this Period 2500
City Cincinnati	State OH	Zip Code 45236-2961
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer OJM Group	Occupation Owner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4125.00
<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 91 OF 197
	<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	<input type="checkbox"/> 17

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

**A. David O'Malley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7251 Beech Road

City Ambler State PA Zip Code 19002-5401

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

Name of Employer Penn Life Insurance Co. Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 02 / 2015**

**Transaction ID : 3455-6609-c**

Amount of Each Receipt this Period **500**

Contribution

**B. David Orsolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1482 72nd Street

City Brooklyn State NY Zip Code 11228-1712

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

Name of Employer Guardian Occupation Financial Coach

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt **07 / 05 / 2015**

**Transaction ID : 3059-6381-c**

Amount of Each Receipt this Period **125**

Contribution

**C. David Orsolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1482 72nd Street

City Brooklyn State NY Zip Code 11228-1712

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

Name of Employer Guardian Occupation Financial Coach

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt **08 / 05 / 2015**

**Transaction ID : 3059-6447-c**

Amount of Each Receipt this Period **125**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **750.00**

**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 92 OF 197
	<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	<input type="checkbox"/> 17

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

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

Mailing Address 1482 72nd Street

City Brooklyn State NY Zip Code 11228-1712

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

Name of Employer Guardian Occupation Financial Coach

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt **09 / 05 / 2015**

**Transaction ID : 3059-6536-c**

Amount of Each Receipt this Period **125**

Contribution

**B. David Orsolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1482 72nd Street

City Brooklyn State NY Zip Code 11228-1712

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

Name of Employer Guardian Occupation Financial Coach

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt **10 / 05 / 2015**

**Transaction ID : 3059-6612-c**

Amount of Each Receipt this Period **125**

Contribution

**C. David Orsolino**  
Full Name (Last, First, Middle Initial)

Mailing Address 1482 72nd Street

City Brooklyn State NY Zip Code 11228-1712

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

Name of Employer Guardian Occupation Financial Coach

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **875**

Date of Receipt **11 / 05 / 2015**

**Transaction ID : 3059-6819-c**

Amount of Each Receipt this Period **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 93 OF 197
	<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	<input type="checkbox"/> 17

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

**A. David Orsolino**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1482 72nd Street  
 City Brooklyn State NY Zip Code 11228-1712  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guardian Occupation Financial Coach  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **875**

Date of Receipt **12 / 05 / 2015**  
**Transaction ID : 3059-6913-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**B. Michael F. Padon**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 931 Old Lake  
 City Houston State TX Zip Code 77007  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Longmont Group Occupation Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 686-6602-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. Nicholas R. Palumbo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Catherine Place  
 City Katonah State NY Zip Code 10536-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Opus Advisory Group LLC Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1500**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 2353-6648-c**  
 Amount of Each Receipt this Period **1300**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1925.00</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 94 OF 197
	<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	<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 ▼ 1500

Date of Receipt 11 / 17 / 2015  
**Transaction ID : 688-6839-c**

Amount of Each Receipt this Period 1500

Contribution

**B. Jerome Pasichow**  
Full Name (Last, First, Middle Initial)

Mailing Address 7912 River Road Apt. 404

City North Bergen State NJ Zip Code 07047-6292

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

Name of Employer Guardian Occupation Associate

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 875

Date of Receipt 07 / 25 / 2015  
**Transaction ID : 3553-6421-c**

Amount of Each Receipt this Period 125

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 ▼ 1500

Date of Receipt 10 / 26 / 2015  
**Transaction ID : 701-6606-c**

Amount of Each Receipt this Period 1500

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3125.00

**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 95 OF 197
	<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)**

Full Name (Last, First, Middle Initial)  
**A. Michael G. Penney**

Mailing Address 1089 W Morse Boulevard

City Winter Park State FL Zip Code 32789-3772

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

Name of Employer Michael G Penney Ins. Occupation Insurance Sales

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 19 / 2015**

**Transaction ID : 2482-6670-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 800 Westchester Avenue

City Rye Brook State NY Zip Code 10573-1354

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

Name of Employer Prosperian Wealth Management Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **11 / 19 / 2015**

**Transaction ID : 3782-6842-c**

Amount of Each Receipt this Period **1000**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Jeffrey P. Peterson**

Mailing Address 111 Sutter St Suite 1800

City San Francisco State CA Zip Code 94104

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

Name of Employer Northwestern Mutual Occupation Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750**

Date of Receipt **07 / 03 / 2015**

**Transaction ID : 709-6379-c**

Amount of Each Receipt this Period **125**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **1625.00**

**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 96 OF 197
	(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. Phillip A. Pickett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4373 Kings Mountain Ridge

City	State	Zip Code
Vestavia	AL	35242-2252

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

Name of Employer	Occupation
EBS	Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	14	/	2015

**Transaction ID : 1113-6395-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

**B. Phillip A. Pickett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4373 Kings Mountain Ridge

City	State	Zip Code
Vestavia	AL	35242-2252

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

Name of Employer	Occupation
EBS	Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	14	/	2015

**Transaction ID : 1113-6467-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

**C. Phillip A. Pickett**  
Full Name (Last, First, Middle Initial)

Mailing Address 4373 Kings Mountain Ridge

City	State	Zip Code
Vestavia	AL	35242-2252

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

Name of Employer	Occupation
EBS	Financial Adviser

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1375**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2015

**Transaction ID : 1113-6545-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 97 OF 197
	<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. Phillip A. Pickett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4373 Kings Mountain Ridge  
 City Vestavia State AL Zip Code 35242-2252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EBS Occupation Financial Adviser  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1375**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 1113-6638-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**B. Phillip A. Pickett**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4373 Kings Mountain Ridge  
 City Vestavia State AL Zip Code 35242-2252  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer EBS Occupation Financial Adviser  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1375**

Date of Receipt **11 / 14 / 2015**  
**Transaction ID : 1113-6828-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**C. William Luther Pierce IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6518 Airport Center Drive  
 City Greensboro State NC Zip Code 27409-9450  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TPG Consulting, LLC Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 27 / 2015**  
**Transaction ID : 2441-6711-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>750.00</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 98 OF 197
<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)**

Full Name (Last, First, Middle Initial) <b>A. James M. Pollock</b>		Date of Receipt 10 / 13 / 2015 <b>Transaction ID : 722-6631-c</b>
Mailing Address 150 Portola Road		Amount of Each Receipt this Period 300
City Portola Valley	State CA	Zip Code 94028-7852
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Pollock Financial	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Richard A. Pope</b>		Date of Receipt 10 / 19 / 2015 <b>Transaction ID : 724-6669-c</b>
Mailing Address 22 Brycewood Drive		Amount of Each Receipt this Period 2000
City Dix Hills	State NY	Zip Code 11746-4913
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Guardian Life Ins. Co.	Occupation Financial Adviser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000	

Full Name (Last, First, Middle Initial) <b>C. Jason D. Prather</b>		Date of Receipt 12 / 21 / 2015 <b>Transaction ID : 2440-6945-c</b>
Mailing Address 100 Longway Drive		Amount of Each Receipt this Period 1000
City Little Rock	State AR	Zip Code 72223-9531
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Legacy Capital Group	Occupation Fin. Svcs. and Life Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<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 99 OF 197
	<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. Reginald N. Rabjohns**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 417 Pebblebrook Road  
 City Northbrook State IL Zip Code 60062-5512  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Rabjohns Financial Group Occupation Chairman & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 06 / 2015  
**Transaction ID : 738-6580-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**B. Timothy Radden**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 32636  
 City Phoenix State AZ Zip Code 85064-2636  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Financial Services  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 29 / 2015  
**Transaction ID : 3468-6745-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**C. Sam Radin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 277 Park Ave Flr 43  
 City New York State NY Zip Code 10172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer National Madison Group, Inc. Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt 12 / 30 / 2015  
**Transaction ID : 740-6962-c**  
 Amount of Each Receipt this Period 2000  
 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 100 OF 197
	<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. Marguerite Rangel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8383 Wilshire Blvd, Suite 212  
 City State Zip Code  
 Beverly Hills CA 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Advisors 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  
 07 / 23 / 2015  
**Transaction ID : 1144-6417-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Marguerite Rangel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8383 Wilshire Blvd, Suite 212  
 City State Zip Code  
 Beverly Hills CA 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Advisors 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  
 08 / 23 / 2015  
**Transaction ID : 1144-6497-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Marguerite Rangel**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8383 Wilshire Blvd, Suite 212  
 City State Zip Code  
 Beverly Hills CA 90211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Pacific Advisors 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  
 09 / 23 / 2015  
**Transaction ID : 1144-6566-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 101 OF 197  
(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. Marguerite Rangel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8383 Wilshire Blvd, Suite 212

City Beverly Hills	State CA	Zip Code 90211
-----------------------	-------------	-------------------

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

Name of Employer Pacific Advisors	Occupation 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
10	/	23	/	2015

**Transaction ID : 1144-6700-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

**B. Marguerite Rangel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8383 Wilshire Blvd, Suite 212

City Beverly Hills	State CA	Zip Code 90211
-----------------------	-------------	-------------------

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

Name of Employer Pacific Advisors	Occupation 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
11	/	23	/	2015

**Transaction ID : 1144-6869-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

**C. Marguerite Rangel**  
Full Name (Last, First, Middle Initial)  
Mailing Address 8383 Wilshire Blvd, Suite 212

City Beverly Hills	State CA	Zip Code 90211
-----------------------	-------------	-------------------

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

Name of Employer Pacific Advisors	Occupation 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
12	/	23	/	2015

**Transaction ID : 1144-6949-c**

Amount of Each Receipt this Period  

125
-----

**Contribution**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 102 OF 197
	<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. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 30 / 2015  
**Transaction ID : 1084-6427-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 30 / 2015  
**Transaction ID : 1084-6505-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2015  
**Transaction ID : 1084-6574-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 103 OF 197  
(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. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 1084-6747-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 30 / 2015  
**Transaction ID : 1084-6875-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Leonard P. Raskin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 International Circle  
 City State Zip Code  
 Hunt Valley MD 21030-1390  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Raskin Global President & CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1375

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 30 / 2015  
**Transaction ID : 1084-6960-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 104 OF 197  
(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. Ezra H. Ripple IV**

Mailing Address 29 S Main Street

City State Zip Code  
 West Hartford CT 06107-2449

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

Name of Employer Occupation  
 Lindberg & Ripple Life Insurance Agent

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  
 10 / 16 / 2015  
**Transaction ID : 757-6666-c**

Amount of Each Receipt this Period  
 1500

Contribution

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

Mailing Address 3600 Minnesota Drive  
 Suite 375

City State Zip Code  
 Edina MN 55435-7907

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

Name of Employer Occupation  
 Mgmt Compensation Resources 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  
 12 / 17 / 2015  
**Transaction ID : 3796-6936-c**

Amount of Each Receipt this Period  
 500

Contribution

Full Name (Last, First, Middle Initial)  
**C. M. Michael Rooney**

Mailing Address 2050 Main Street  
 Suite 500

City State Zip Code  
 Irvine CA 92614-8270

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

Name of Employer Occupation  
 AXA Advisors, LLC Senior Executive VP

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 19 / 2015  
**Transaction ID : 767-6604-c**

Amount of Each Receipt this Period  
 500

Contribution

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

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



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

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

FOR LINE NUMBER: PAGE 105 OF 197  
(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. Richard E. Rose**

Mailing Address 300 N. Greene St., #1650

City Greensboro State NC Zip Code 27401

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

Name of Employer MassMutual Occupation General Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1500

Date of Receipt  
 12 / 28 / 2015  
**Transaction ID : 769-6955-c**

Amount of Each Receipt this Period  
 1500

Contribution

Full Name (Last, First, Middle Initial)  
**B. Brett Rosen**

Mailing Address 1056 5th Avenue Apt. 10D

City New York State NY Zip Code 10028-0112

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

Name of Employer Cowan Financial Group Occupation Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500

Date of Receipt  
 12 / 01 / 2015  
**Transaction ID : 771-6907-c**

Amount of Each Receipt this Period  
 500

Contribution

Full Name (Last, First, Middle Initial)  
**C. Andrew D. Rosenbaum**

Mailing Address 420 E 51st Street Apt. 12B

City New York State NY Zip Code 10022-8027

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

Name of Employer Strategies for Wealth Occupation Financial Advisor

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 07 / 21 / 2015  
**Transaction ID : 2434-6415-c**

Amount of Each Receipt this Period  
 1000

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 106 OF 197  
(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. Michael E. Rosenzweig**

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 07 / 24 / 2015

**Transaction ID : 773-6420-c**

Amount of Each Receipt this Period  
 125

Contribution

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

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 08 / 24 / 2015

**Transaction ID : 773-6499-c**

Amount of Each Receipt this Period  
 125

Contribution

Full Name (Last, First, Middle Initial)  
**C. Michael E. Rosenzweig**

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 09 / 24 / 2015

**Transaction ID : 773-6568-c**

Amount of Each Receipt this Period  
 125

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 107 OF 197  
(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. Michael E. Rosenzweig**

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 10 / 24 / 2015

**Transaction ID : 773-6707-c**

Amount of Each Receipt this Period  
 125

Contribution

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

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 11 / 24 / 2015

**Transaction ID : 773-6871-c**

Amount of Each Receipt this Period  
 125

Contribution

Full Name (Last, First, Middle Initial)  
**C. Michael E. Rosenzweig**

Mailing Address 2 Park Avenue  
 # 301

City State Zip Code  
 New York NY 10016-5675

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

Name of Employer Occupation  
 Rosenzweig Financial Services President & CEO

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  
 12 / 24 / 2015

**Transaction ID : 773-6952-c**

Amount of Each Receipt this Period  
 125

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00

**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 108 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Richard Rubenstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 303 Hallocks Mill Road

City Yorktown Heights State NY Zip Code 10598-4203

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

Name of Employer Strategies For Wealth Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt **10 / 15 / 2015**

**Transaction ID : 3735-6662-c**

Amount of Each Receipt this Period **250**

Contribution

**B. Jason Rucker**  
Full Name (Last, First, Middle Initial)

Mailing Address 2450 S Gilbert Road Suite 100

City Chandler State AZ Zip Code 85286-1594

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

Name of Employer Cambridge Financial Services Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **12 / 08 / 2015**

**Transaction ID : 3794-6915-c**

Amount of Each Receipt this Period **500**

Contribution

**C. Amy Salo**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Phillips Hill Road

City New City State NY Zip Code 10956-2012

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

Name of Employer Wealth Advisory Group LLC Occupation Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **07 / 21 / 2015**

**Transaction ID : 3691-6413-c**

Amount of Each Receipt this Period **125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>875.00</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 109 OF 197
	<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. Amy Salo**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Phillips Hill Road

City State Zip Code  
New City NY 10956-2012

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

Name of Employer Occupation  
Wealth Advisory Group LLC Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000**

Date of Receipt  
**08 / 21 / 2015**

**Transaction ID : 3691-6494-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Amy Salo**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Phillips Hill Road

City State Zip Code  
New City NY 10956-2012

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

Name of Employer Occupation  
Wealth Advisory Group LLC Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000**

Date of Receipt  
**09 / 21 / 2015**

**Transaction ID : 3691-6561-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Amy Salo**  
Full Name (Last, First, Middle Initial)

Mailing Address 425 Phillips Hill Road

City State Zip Code  
New City NY 10956-2012

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

Name of Employer Occupation  
Wealth Advisory Group LLC Executive Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1000**

Date of Receipt  
**10 / 21 / 2015**

**Transaction ID : 3691-6676-c**

Amount of Each Receipt this Period  
**125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 110 OF 197  
(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. Amy Salo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Phillips Hill Road  
 City State Zip Code  
 New City NY 10956-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wealth Advisory Group LLC Executive Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2015  
**Transaction ID : 3691-6848-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Amy Salo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 425 Phillips Hill Road  
 City State Zip Code  
 New City NY 10956-2012  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Wealth Advisory Group LLC Executive Vice President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2015  
**Transaction ID : 3691-6944-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Kenneth R. Samuelson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1432 Ferncliff Road  
 City State Zip Code  
 Charlotte NC 28211-2221  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Morehead Group President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 20 / 2015  
**Transaction ID : 859-6411-c**  
 Amount of Each Receipt this Period  
 1000  
 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 111 OF 197
	<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 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 Mullen Barens Sanford Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **3900**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : 3571-6698-c**  
 Amount of Each Receipt this Period **1500**  
 Contribution

**B. Aviva E. Sapers**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 Bellevue Street  
 City Newton State MA Zip Code 02458-1920  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sapers & Wallack, Inc. Occupation CEO - Sales & Mgt  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 28 / 2015**  
**Transaction ID : 861-6738-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

**C. Brett Sause**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8706 Commerce Drive Suite 1  
 City Easton State MD Zip Code 21601-6903  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer New York Life Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **350**

Date of Receipt **10 / 22 / 2015**  
**Transaction ID : 3744-6688-c**  
 Amount of Each Receipt this Period **350**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2850.00</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 112 OF 197  
(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. Michael C. Savino**

Mailing Address 52 Forest Avenue

City State Zip Code  
 Paramus NJ 07652-5200

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

Name of Employer Occupation  
 Guardian General Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : 2792-6719-c**

Amount of Each Receipt this Period  
 1000

Contribution

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

Mailing Address 221 N 28th Street

City State Zip Code  
 Allentown PA 18104-5339

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

Name of Employer Occupation  
 Cornerstone Inst. Investors CEO

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  
 11 / 05 / 2015  
**Transaction ID : 1099-6779-c**

Amount of Each Receipt this Period  
 1500

Contribution

Full Name (Last, First, Middle Initial)  
**c. Julie Schneider**

Mailing Address 170 Littleton Drive

City State Zip Code  
 Austin TX 78737-4593

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

Name of Employer Occupation  
 NFP Senior Vice President, Firm Selection

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 / 21 / 2015  
**Transaction ID : 3740-6679-c**

Amount of Each Receipt this Period  
 500

Contribution

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

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 113 OF 197
	<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. Chet E. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200

Date of Receipt  
07 / 03 / 2015  
**Transaction ID : 142-6380-c**

Amount of Each Receipt this Period  
200

Contribution

**B. Chet E. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200

Date of Receipt  
08 / 03 / 2015  
**Transaction ID : 142-6446-c**

Amount of Each Receipt this Period  
200

Contribution

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

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2200

Date of Receipt  
09 / 03 / 2015  
**Transaction ID : 142-6534-c**

Amount of Each Receipt this Period  
200

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	600.00
<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 114 OF 197
	<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. Chet E. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
**10 / 03 / 2015**

**Transaction ID : 142-6610-c**

Amount of Each Receipt this Period  
**200**

Contribution

**B. Chet E. Schwartz**  
Full Name (Last, First, Middle Initial)

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
**11 / 03 / 2015**

**Transaction ID : 142-6817-c**

Amount of Each Receipt this Period  
**200**

Contribution

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

Mailing Address 120 Broadway  
Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt  
**12 / 03 / 2015**

**Transaction ID : 142-6910-c**

Amount of Each Receipt this Period  
**200**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**

**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 115 OF 197
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Jan Sedlacek</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 20 / 2015 <b>Transaction ID : 3599-6846-c</b>
Mailing Address 6 Carriage Lane		Amount of Each Receipt this Period 125
City Succasunna	State NJ	Zip Code 07876-1500
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Cornerstone Financial Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250	

Full Name (Last, First, Middle Initial) <b>B. Jan Sedlacek</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 20 / 2015 <b>Transaction ID : 3599-6943-c</b>
Mailing Address 6 Carriage Lane		Amount of Each Receipt this Period 125
City Succasunna	State NJ	Zip Code 07876-1500
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Cornerstone Financial Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250	

Full Name (Last, First, Middle Initial) <b>C. R.Graham Self</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 30 / 2015 <b>Transaction ID : 2993-6961-c</b>
Mailing Address 1009 Slater Road Suite 210A		Amount of Each Receipt this Period 1500
City Durham	State NC	Zip Code 27703-8446
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Penn Mutual	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 116 OF 197  
(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. Arthur D. Shankman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 101 Eisenhower Parkway  
 City Roseland State NJ Zip Code 07068-1032  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer A.D. Shankman, LLC Occupation Life Insurance Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1250

Date of Receipt 10 / 27 / 2015  
**Transaction ID : 888-6724-c**  
 Amount of Each Receipt this Period 250  
 Contribution

**B. Howard Sharfman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 500 W Madison Street Suite 2700  
 City Chicago State IL Zip Code 60661-4568  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NFP Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4400

Date of Receipt 10 / 13 / 2015  
**Transaction ID : 2919-6625-c**  
 Amount of Each Receipt this Period 2000  
 Contribution

**C. David Simkowitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 268 Willoughby Avenue  
 City Brooklyn State NY Zip Code 11205-1415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Simkowitz Co. Occupation Founder/President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000

Date of Receipt 09 / 03 / 2015  
**Transaction ID : 3167-6535-c**  
 Amount of Each Receipt this Period 2000  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 117 OF 197  
(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. Simon Singer**

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 ▼ **1500**

Date of Receipt  
**09 / 15 / 2015**

**Transaction ID : 907-6556-c**

Amount of Each Receipt this Period  
**375**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Simon Singer**

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 ▼ **1500**

Date of Receipt  
**10 / 16 / 2015**

**Transaction ID : 907-6665-c**

Amount of Each Receipt this Period  
**375**

Contribution

Full Name (Last, First, Middle Initial)  
**C. Simon Singer**

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 ▼ **1500**

Date of Receipt  
**11 / 17 / 2015**

**Transaction ID : 907-6840-c**

Amount of Each Receipt this Period  
**375**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **1125.00**

**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 118 OF 197
	<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. Timothy Sinks**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8 Cadillac Drive  
 Suite 150  
 City Brentwood State TN Zip Code 37027-5320  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Financial Group Occupation General 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  
 11 / 03 / 2015  
**Transaction ID : 2548-6776-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**B. Gary D. Sirak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4700 Dressler Road NW  
 City Canton State OH Zip Code 44718-2511  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Sirak Financial Services Occupation President  
 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 / 23 / 2015  
**Transaction ID : 2974-6703-c**  
 Amount of Each Receipt this Period  
 3000  
 Contribution

**C. Kathryn Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 691 Glenwood Circle  
 City Fairview State TX Zip Code 75069-9168  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bank Compensation Consulting Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 04 / 2015  
**Transaction ID : 3224-6818-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<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 119 OF 197
	<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. Charles Stegall**  
Full Name (Last, First, Middle Initial)

Mailing Address 7302 Timberneck Court

City Charlotte State NC Zip Code 28277-0397

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

Name of Employer Consolidated Planning Inc. Occupation Executive VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 30 / 2015**

**Transaction ID : 2715-6752-c**

Amount of Each Receipt this Period **500**

Contribution

**B. Maurice L. Stewart**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Dresher Road

City Horsham State PA Zip Code 19044-2204

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

Name of Employer Penn Mutual Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **07 / 15 / 2015**

**Transaction ID : 937-6375-c**

Amount of Each Receipt this Period **1500**

Contribution

**C. Daniel Stoll**  
Full Name (Last, First, Middle Initial)

Mailing Address 5983 S Transit Road

City Lockport State NY Zip Code 14094-6369

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

Name of Employer Stoll Financial Serviced Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 28 / 2015**

**Transaction ID : 3753-6733-c**

Amount of Each Receipt this Period **500**

Contribution

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

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

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

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

FOR LINE NUMBER: PAGE 120 OF 197  
(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. Patrick Suffern**

Mailing Address 3704 Ridgeway Drive

City State Zip Code  
 Metairie LA 70002-1835

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

Name of Employer Occupation  
 Becker Suffern McLanahan Ltd Vice 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 / 29 / 2015  
**Transaction ID : 3760-6743-c**

Amount of Each Receipt this Period  
 500

Contribution

Full Name (Last, First, Middle Initial)  
**B. Roger B. Sutton**

Mailing Address 1002 Jefferson Wood Lane

City State Zip Code  
 Greensboro NC 27410-3549

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

Name of Employer Occupation  
 The Todd Organization Sr VP/General Counsel & Secy

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  
 11 / 09 / 2015  
**Transaction ID : 948-6808-c**

Amount of Each Receipt this Period  
 1500

Contribution

Full Name (Last, First, Middle Initial)  
**C. J. Gray Teekell**

Mailing Address 401 Edwards Street  
 Suite 1130

City State Zip Code  
 Shreveport LA 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 ▼  
 1500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2015  
**Transaction ID : 959-6702-c**

Amount of Each Receipt this Period  
 500

Contribution

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

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



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

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

FOR LINE NUMBER: PAGE 121 OF 197  
(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. Jeffrey W. Tegeler**  
 Mailing Address 8011 34th Avenue S  
 Suite 141  
 City State Zip Code  
 Minneapolis MN 55425-2082  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Garrity Tegeler & Varley Life Insurance  
 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 / 30 / 2015  
**Transaction ID : 960-6754-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Henry B. Thomas**  
 Mailing Address 1 E Franklin Street  
 Suite 300  
 City State Zip Code  
 Baltimore MD 21202-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cornerstone Financial, LLP 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  
 08 / 14 / 2015  
**Transaction ID : 967-6475-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. J. Richard Thomas Jr.**  
 Mailing Address 1 E Franklin Street  
 Suite 300  
 City State Zip Code  
 Baltimore MD 21202-2239  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Cornerstone Financial LLP 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  
 08 / 14 / 2015  
**Transaction ID : 2817-6474-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 122 OF 197
	<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. Joseph A. Thompson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 3398  
 City State Zip Code  
 Ponte Vedra FL 32004  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Fulcrum Partners, 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  
 12 / 15 / 2015  
**Transaction ID : 974-6933-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**B. Anthony Trimboli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Westchester Avenue  
 City State Zip Code  
 Rye Brook NY 10573-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Strategies For Wealth Financial Services  
 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  
 07 / 26 / 2015  
**Transaction ID : 3481-6422-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Anthony Trimboli**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 800 Westchester Avenue  
 City State Zip Code  
 Rye Brook NY 10573-1354  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Strategies For Wealth Financial Services  
 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  
 08 / 26 / 2015  
**Transaction ID : 3481-6501-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 123 OF 197
<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)**

Full Name (Last, First, Middle Initial) <b>A. Anthony Trimboli</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2015 <b>Transaction ID : 3481-6570-c</b>
Mailing Address 800 Westchester Avenue		Amount of Each Receipt this Period 125
City Rye Brook	State NY	Zip Code 10573-1354
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Strategies For Wealth	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Anthony Trimboli</b>		Date of Receipt MM / DD / YYYY 10 / 26 / 2015 <b>Transaction ID : 3481-6708-c</b>
Mailing Address 800 Westchester Avenue		Amount of Each Receipt this Period 125
City Rye Brook	State NY	Zip Code 10573-1354
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Strategies For Wealth	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>C. Anthony Trimboli</b>		Date of Receipt MM / DD / YYYY 11 / 26 / 2015 <b>Transaction ID : 3481-6872-c</b>
Mailing Address 800 Westchester Avenue		Amount of Each Receipt this Period 125
City Rye Brook	State NY	Zip Code 10573-1354
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Strategies For Wealth	Occupation Financial Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 124 OF 197
	<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	<input type="checkbox"/> 17

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

**A. Anthony Trimboli**  
Full Name (Last, First, Middle Initial)

Mailing Address 800 Westchester Avenue

City Rye Brook State NY Zip Code 10573-1354

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

Name of Employer Strategies For Wealth Occupation Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **12 / 26 / 2015**

**Transaction ID : 3481-6953-c**

Amount of Each Receipt this Period **125**

Contribution

**B. Raymond J. Triplett**  
Full Name (Last, First, Middle Initial)

Mailing Address 1731 Technology Drive Suite 530

City San Jose State CA Zip Code 95110-1329

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

Name of Employer Triplett Fin. & Ins. Svcs Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **07 / 09 / 2015**

**Transaction ID : 985-6384-c**

Amount of Each Receipt this Period **1500**

Contribution

**C. Jeri L. Turley**  
Full Name (Last, First, Middle Initial)

Mailing Address 13511 Split Creek Drive

City Chester State VA Zip Code 23831-4342

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

Name of Employer BCG Companies Occupation President/Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **08 / 17 / 2015**

**Transaction ID : 988-6489-c**

Amount of Each Receipt this Period **2000**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3625.00</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 125 OF 197
	<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. Rick Van Benschoten**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 5th Avenue  
Apt. 3A

City New York State NY Zip Code 10065-4952

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

Name of Employer Lenox Advisors Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**07 / 14 / 2015**

**Transaction ID : 2451-6400-c**

Amount of Each Receipt this Period  
**125**

Contribution

**B. Rick Van Benschoten**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 5th Avenue  
Apt. 3A

City New York State NY Zip Code 10065-4952

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

Name of Employer Lenox Advisors Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**08 / 14 / 2015**

**Transaction ID : 2451-6472-c**

Amount of Each Receipt this Period  
**125**

Contribution

**C. Rick Van Benschoten**  
Full Name (Last, First, Middle Initial)

Mailing Address 875 5th Avenue  
Apt. 3A

City New York State NY Zip Code 10065-4952

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

Name of Employer Lenox Advisors Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**09 / 14 / 2015**

**Transaction ID : 2451-6549-c**

Amount of Each Receipt this Period  
**125**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>375.00</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 126 OF 197
	<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. Rick Van Benschoten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 5th Avenue  
 Apt. 3A  
 City New York State NY Zip Code 10065-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lenox Advisors Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500**

Date of Receipt **10 / 14 / 2015**  
**Transaction ID : 2451-6642-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**B. Rick Van Benschoten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 5th Avenue  
 Apt. 3A  
 City New York State NY Zip Code 10065-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lenox Advisors Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500**

Date of Receipt **11 / 14 / 2015**  
**Transaction ID : 2451-6832-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

**C. Rick Van Benschoten**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 875 5th Avenue  
 Apt. 3A  
 City New York State NY Zip Code 10065-4952  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lenox Advisors Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1500**

Date of Receipt **12 / 14 / 2015**  
**Transaction ID : 2451-6925-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>375.00</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 127 OF 197
	<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. James H. Van Epps**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10930 Crabapple Road  
 Suite 206  
 City Roswell State GA Zip Code 30075-5825  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer First Principles Capital Mgt Occupation Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 27 / 2015  
**Transaction ID : 994-6716-c**  
 Amount of Each Receipt this Period  
 2500  
 Contribution

**B. Russell H. Vandeveld IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Winthrop Avenue  
 City Birmingham State AL Zip Code 35213-4326  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Field Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 27 / 2015  
**Transaction ID : 996-6502-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

**C. Paul T. Vecchione**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6 Matthews Farm Road  
 City Belle Mead State NJ Zip Code 08502-5329  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer PDK Financial Group Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2015  
**Transaction ID : 999-6564-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 128 OF 197
	<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. Thomas J. Von Riesen**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 312 N 96th Street  
 City Omaha State NE Zip Code 68114-3864  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SilverStone Group, Inc. Occupation Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000

Date of Receipt 10 / 21 / 2015  
**Transaction ID : 1006-6686-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. Christopher Walters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 Old Canton Road Suite 240  
 City Jackson State MS Zip Code 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer William Morris Group, P.A. Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 08 / 15 / 2015  
**Transaction ID : 3669-6480-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**C. Christopher Walters**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4400 Old Canton Road Suite 240  
 City Jackson State MS Zip Code 39047  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer William Morris Group, P.A. Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 30 / 2015  
**Transaction ID : 3669-6746-c**  
 Amount of Each Receipt this Period 500  
 Contribution

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



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

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

FOR LINE NUMBER: PAGE 129 OF 197  
(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. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 07 / 20 / 2015  
**Transaction ID : 1032-6409-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 08 / 20 / 2015  
**Transaction ID : 1032-6491-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 09 / 20 / 2015  
**Transaction ID : 1032-6559-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 375.00  
**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 130 OF 197
	<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	<input type="checkbox"/> 17

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

**A. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 10 / 20 / 2015  
**Transaction ID : 1032-6673-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 11 / 20 / 2015  
**Transaction ID : 1032-6844-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. John W. Wheeler Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1075 Aster Lane  
 City West Chicago State IL Zip Code 60185-1750  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mass Mutual Occupation Insurance  
 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  
 12 / 20 / 2015  
**Transaction ID : 1032-6941-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 131 OF 197
	<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. Ruth White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 E Davis Boulevard  
 City Tampa State FL Zip Code 33606-3514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Financial Group Occupation Producer Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 27 / 2015  
**Transaction ID : 1038-6717-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**B. Ruth White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 172 E Davis Boulevard  
 City Tampa State FL Zip Code 33606-3514  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Thomas Financial Group Occupation Producer Associate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 12 / 23 / 2015  
**Transaction ID : 1038-6951-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**C. Edgar Whitmore III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 Wilshire Boulevard Suite 4900  
 City Los Angeles State CA Zip Code 90017-3611  
 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 07 / 14 / 2015  
**Transaction ID : 3633-6392-c**  
 Amount of Each Receipt this Period 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1125.00
<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 132 OF 197
<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)**

Full Name (Last, First, Middle Initial) <b>A. Edgar Whitmore III</b>		Date of Receipt MM / DD / YYYY 08 / 14 / 2015 <b>Transaction ID : 3633-6464-c</b>
Mailing Address 707 Wilshire Boulevard Suite 4900		Amount of Each Receipt this Period 125
City Los Angeles	State CA	Zip Code 90017-3611
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Lenox Advisors	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>B. Edgar Whitmore III</b>		Date of Receipt MM / DD / YYYY 09 / 14 / 2015 <b>Transaction ID : 3633-6542-c</b>
Mailing Address 707 Wilshire Boulevard Suite 4900		Amount of Each Receipt this Period 125
City Los Angeles	State CA	Zip Code 90017-3611
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Lenox Advisors	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

Full Name (Last, First, Middle Initial) <b>C. Edgar Whitmore III</b>		Date of Receipt MM / DD / YYYY 10 / 14 / 2015 <b>Transaction ID : 3633-6635-c</b>
Mailing Address 707 Wilshire Boulevard Suite 4900		Amount of Each Receipt this Period 125
City Los Angeles	State CA	Zip Code 90017-3611
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Lenox Advisors	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 133 OF 197
	<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. Edgar Whitmore III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 Wilshire Boulevard  
 Suite 4900  
 City Los Angeles State CA Zip Code 90017-3611  
 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 M / D D D / Y Y Y Y Y Y  
 11 / 14 / 2015  
**Transaction ID : 3633-6825-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Edgar Whitmore III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 707 Wilshire Boulevard  
 Suite 4900  
 City Los Angeles State CA Zip Code 90017-3611  
 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 M / D D D / Y Y Y Y Y Y  
 12 / 14 / 2015  
**Transaction ID : 3633-6919-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Daniel Wisted**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3745 Hedgecliff Court  
 City Alpharetta State GA Zip Code 30022-8604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Todd Organization Occupation Senior Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 30 / 2015  
**Transaction ID : 3203-6759-c**  
 Amount of Each Receipt this Period  
 250  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**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 134 OF 197
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

**A. Darren Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 E Calle Del Media  
 City Scottsdale State AZ Zip Code 85251-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright Wealth Management Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 15 / 2015  
**Transaction ID : 3679-6403-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**B. Darren Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 E Calle Del Media  
 City Scottsdale State AZ Zip Code 85251-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright Wealth Management Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2015  
**Transaction ID : 3679-6477-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

**C. Darren Wright**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6020 E Calle Del Media  
 City Scottsdale State AZ Zip Code 85251-3018  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Wright Wealth Management Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1125

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2015  
**Transaction ID : 3679-6553-c**  
 Amount of Each Receipt this Period  
 125  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<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 135 OF 197
	<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. Darren Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E Calle Del Media

City Scottsdale State AZ Zip Code 85251-3018

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

Name of Employer Wright Wealth Management Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125**

Date of Receipt  
 /  /   
**Transaction ID : 3679-6659-c**

Amount of Each Receipt this Period

Contribution

**B. Darren Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E Calle Del Media

City Scottsdale State AZ Zip Code 85251-3018

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

Name of Employer Wright Wealth Management Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125**

Date of Receipt  
 /  /   
**Transaction ID : 3679-6835-c**

Amount of Each Receipt this Period

Contribution

**C. Darren Wright**  
Full Name (Last, First, Middle Initial)

Mailing Address 6020 E Calle Del Media

City Scottsdale State AZ Zip Code 85251-3018

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

Name of Employer Wright Wealth Management Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1125**

Date of Receipt  
 /  /   
**Transaction ID : 3679-6929-c**

Amount of Each Receipt this Period

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="375.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 136 OF 197  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Association for Advanced Life Underwriting PAC (AALU PAC)**

**A.** Full Name (Last, First, Middle Initial)  
**John R. Yaissle**

Mailing Address 1802 W Hamilton Street

City Allentown State PA Zip Code 18104-5630

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

Name of Employer Cornerstone Advisors Occupation Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **3000**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**10 / 04 / 2015**

**Transaction ID : 1055-6611-c**

Amount of Each Receipt this Period  
**2000**

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>2000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>206250.00</b>



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

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

FOR LINE NUMBER: PAGE 137 OF 197  
(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. Aegon USA LLC/TransAmerica Corp. PAC**  
Full Name (Last, First, Middle Initial)  
Mailing Address 600 13th Street NW  
Suite 400B  
City Washington State DC Zip Code 20005-3005  
FEC ID number of contributing federal political committee. **C** C00236414  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼ 2000

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 07 / 2015  
**Transaction ID : 2467-6894-c**  
Amount of Each Receipt this Period  
2000  
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).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

**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 138 OF 197
<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 ▼  
18676.76

Date of Receipt  
07 / 28 / 2015  
**Transaction ID : 1186-6377-m**

Amount of Each Receipt this Period  
535.71

PAC Merchant Fee Reimbursement

**B. 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 ▼  
18676.76

Date of Receipt  
08 / 18 / 2015  
**Transaction ID : 1186-6508-m**

Amount of Each Receipt this Period  
785.34

PAC Merchant Fee Reimbursement

**C. 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 ▼  
18676.76

Date of Receipt  
09 / 15 / 2015  
**Transaction ID : 1186-6518-m**

Amount of Each Receipt this Period  
944.01

PAC Merchant Fee Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2265.06
<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 139 OF 197
	<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)**

Full Name (Last, First, Middle Initial) <b>A. AALU</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2015 <b>Transaction ID : 1186-6780-m</b>
Mailing Address 11921 Freedom Dr Suite 1100		Amount of Each Receipt this Period 628.22
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18676.76	
PAC Merchant Fee Reimbursement		

Full Name (Last, First, Middle Initial) <b>B. AALU</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 16 / 2015 <b>Transaction ID : 1186-6812-m</b>
Mailing Address 11921 Freedom Dr Suite 1100		Amount of Each Receipt this Period 2626.55
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18676.76	
PAC Merchant Fee Reimbursement		

Full Name (Last, First, Middle Initial) <b>C. AALU</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 10 / 2015 <b>Transaction ID : 1186-6895-m</b>
Mailing Address 11921 Freedom Dr Suite 1100		Amount of Each Receipt this Period 513.01
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 18676.76	
PAC Merchant Fee Reimbursement		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3767.78
<b>TOTAL</b> This Period (last page this line number only).....▶	6032.84

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

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

FOR LINE NUMBER: PAGE 140 OF 197  
(check only one)

<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 checked="" 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. Friends of John Boehner**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7908 Cincinnati Dayton Road  
Suite 1  
City West Chester State OH Zip Code 45069-6602  
FEC ID number of contributing federal political committee. **C** C00237198  
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  
12 / 04 / 2015  
**Transaction ID : 6880000**  
Amount of Each Receipt this Period 5000  
Refund of General 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).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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

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)**

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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

**Transaction ID : SB21B-3119-6428-e**

Amount of Each Disbursement this Period

3	6	.	9
---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
PAC Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	4		2	0	1	5

**Transaction ID : SB21B-3119-6507-e**

Amount of Each Disbursement this Period

3	7	.	1
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
PAC Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	2		2	0	1	5

**Transaction ID : SB21B-3119-6578-e**

Amount of Each Disbursement this Period

3	7	.	4
---	---	---	---

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

1	1	.	1	1	.	4	0
---	---	---	---	---	---	---	---

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

1	1	.	1	1	.	4	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 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

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			02			2015			

Transaction ID : SB21B-3119-6773-e

Amount of Each Disbursement this Period

36.8
------

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
PAC Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

Transaction ID : SB21B-3119-6877-e

Amount of Each Disbursement this Period

45.7
------

Full Name (Last, First, Middle Initial)

**C. Authorize.net**

Mailing Address PO Box 8999

City San Francisco State CA Zip Code 94128-8999

Purpose of Disbursement  
PAC Merchant Fee

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2015			

Transaction ID : SB21B-3119-6967-e

Amount of Each Disbursement this Period

37.3
------

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

119.80
--------

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

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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 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-3096-6429-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-3096-6506-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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-3096-6579-e**

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 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-3096-6774-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-3096-6876-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. 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-3096-6968-e**

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. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
Contribution

011

Candidate Name

**Adrian Smith**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SB23-2878-6356-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
Contribution

011

Candidate Name

**Adrian Smith**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 17 / 2015

**Transaction ID : SB23-2878-6903-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. America's Future Fund PAC**

Mailing Address 150 Smokerise Drive

City State Zip Code  
Wadsworth OH 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SB23-3562-6353-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. America's Future Fund PAC**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SB23-3562-6364-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Andy Barr For Congress**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**G. Andy Barr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 16 / 2015

**Transaction ID : SB23-3126-6510-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Andy Barr For Congress**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Contribution

011

Category/  
Type

Candidate Name

**G. Andy Barr**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: KY District: 06

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SB23-3126-6519-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Angus King For US Senate Campaign**

Mailing Address PO Box 368  
114 Main St, Suite 1A

City Brunswick State ME Zip Code 04011-0368

Purpose of Disbursement  
Contribution

011

Candidate Name

**Angus Stanley King**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ME District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

**Transaction ID : SB23-3789-6890-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. ANN PAC**

Mailing Address PO Box 3535

City Ballwin State MO Zip Code 63022-3535

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	09	/	2015

**Transaction ID : SB23-3353-6588-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**C. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann L. Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : SB23-3144-6516-e**

Amount of Each Disbursement this Period

2500
------

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

7500.00
---------

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

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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. BADGERPAC**

Mailing Address PO Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

Transaction ID : SB23-3015-6443-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. BADGERPAC**

Mailing Address PO Box 184

City La Crosse State WI Zip Code 54602-0184

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

Transaction ID : SB23-3015-6523-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. Becerra For Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : SB23-1200-6585-e

Amount of Each Disbursement this Period

1000

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

4500.00

**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. Ben Cardin For Senate**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228-0593

Purpose of Disbursement Contribution

011

Candidate Name

**Benjamin L. Cardin**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  
 Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : SB23-2843-6372-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Blaine For Congress**

Mailing Address PO Box 1025

City Jefferson City State MO Zip Code 65102-1025

Purpose of Disbursement Contribution

011

Candidate Name

**W. Blaine Luetkemeyer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: MO District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-3482-6438-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Blumenauer For Congress**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement Contribution

011

Candidate Name

**Earl Blumenauer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : SB23-1201-6371-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Blumenauer For Congress**

Mailing Address 232 NE 9th Avenue

City Portland State OR Zip Code 97232-2915

Purpose of Disbursement Contribution

011

Candidate Name

**Earl Blumenauer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OR District: 03

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-1201-6434-e**

Amount of Each Disbursement this Period

1500

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : SB23-1203-6361-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. 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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 08

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-1203-6582-e**

Amount of Each Disbursement this Period

500

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

4500.00

**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. 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

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-1203-6583-e**

Amount of Each Disbursement this Period

500

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

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-1203-6855-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Building America's Republican Representation PAC**

Mailing Address 332 W Lee Highway  
# 303

City Warrenton State VA Zip Code 20186-2428

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-3791-6891-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. Byrne For Congress Inc.**

Mailing Address PO Box 2743

City State Zip Code  
Mobile AL 36652-2743

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bradley Roberts Byrne**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: AL District: 01

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23-3396-6889-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. Carper For Senate**

Mailing Address PO Box 2882

City State Zip Code  
Wilmington DE 19805

Purpose of Disbursement  
Contribution

011

Candidate Name

**Thomas R. Carper**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: DE District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2015

**Transaction ID : SB23-2329-6365-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Charles Boustany Jr. MD For Congress**

Mailing Address PO Box 80126

City State Zip Code  
Lafayette LA 70598-0126

Purpose of Disbursement  
Contribution

011

Candidate Name

**Dr. Charles Boustany Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : SB23-2339-6370-e**

Amount of Each Disbursement this Period

2500

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

6000.00

**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. Charles Boustany Jr. MD For Congress**

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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: LA District: 07

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : SB23-2339-6654-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Coffman For Congress 2016**

Mailing Address 4950 S Yosemite Street # 511

City Greenwood Village State CO Zip Code 80111-1349

Purpose of Disbursement Contribution

011

Candidate Name

**Michael Coffman**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**Transaction ID : SB23-3465-6483-e**

Amount of Each Disbursement this Period

2000
------

Full Name (Last, First, Middle Initial)

**C. Coffman For Congress 2016**

Mailing Address 4950 S Yosemite Street # 511

City Greenwood Village State CO Zip Code 80111-1349

Purpose of Disbursement Contribution

011

Candidate Name

**Michael Coffman**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2015			

**Transaction ID : SB23-3465-6598-e**

Amount of Each Disbursement this Period

1000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4000.00
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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. Comstock For Congress**

Mailing Address PO Box 831

City McLean State VA Zip Code 22101-0831

Purpose of Disbursement Contribution

011

Candidate Name

**Barbara J. Comstock**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: VA District: 10

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

Transaction ID : SB23-3474-6898-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. Concerned Americans For Freedom & Opportunity PAC**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : SB23-3542-6344-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Concerned Americans For Freedom & Opportunity PAC**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB23-3542-6862-e

Amount of Each Disbursement this Period

1500

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

5000.00

**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. Crenshaw For Congress Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		16		2015

Mailing Address 7235 Bonneval Road  
Suite 228

**Transaction ID : SB23-3772-6799-e**

City Jacksonville State FL Zip Code 32256-7506

Amount of Each Disbursement this Period

1000
------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Ander Crenshaw**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

**B. Crenshaw For Congress Campaign**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		04		2015

Mailing Address 7235 Bonneval Road  
Suite 228

**Transaction ID : SB23-3772-6853-e**

City Jacksonville State FL Zip Code 32256-7506

Amount of Each Disbursement this Period

1000
------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**Ander Crenshaw**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: FL District: 04

Full Name (Last, First, Middle Initial)

**C. David Scott For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		09		2015

Mailing Address PO Box 960821

**Transaction ID : SB23-2610-6593-e**

City Riverdale State GA Zip Code 30296-0821

Amount of Each Disbursement this Period

2500
------

Purpose of Disbursement  
Contribution

011
Category/ Type

Candidate Name

**David Albert Scott**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: GA District: 13

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

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

4500.00
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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. Denham For Congress**

Mailing Address 2150 River Plaza Drive  
Suite 150

City Sacramento State CA Zip Code 95833-4131

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jeff Denham**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 10

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : SB23-3030-6367-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Donnelly For Indiana**

Mailing Address 1050 17th Street NW  
Suite 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph S. Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : SB23-3103-6655-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. Donnelly For Indiana**

Mailing Address 1050 17th Street NW  
Suite 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph S. Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-3103-6860-e**

Amount of Each Disbursement this Period

1500

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

5000.00

**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. Donnelly For Indiana**

Mailing Address 1050 17th Street NW  
Suite 590

City Washington State DC Zip Code 20036-5592

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph S. Donnelly**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: IN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : SB23-3103-6861-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Elise For Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801-0500

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elise M. Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	16	/	2015

**Transaction ID : SB23-3654-6515-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Elise For Congress**

Mailing Address PO Box 500

City Glens Falls State NY Zip Code 12801-0500

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elise M. Stefanik**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	16	/	2015

**Transaction ID : SB23-3654-6787-e**

Amount of Each Disbursement this Period

1000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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. French Hill For Arkansas**

Mailing Address PO Box 7841

City Little Rock State AR Zip Code 72217-7800

Purpose of Disbursement Contribution

011

Candidate Name

**James French Hill**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: AR District: 02

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : SB23-3640-6362-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Friends of Chris Murphy**

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement Contribution

011

Candidate Name

**Christopher S. Murphy**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼  
Convention 2018

State: CT District:

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB23-2936-6513-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Reichert**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WA District: 08

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-2336-6436-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Reichert**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : **SB23-2336-6584-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027

Purpose of Disbursement Contribution

011

Candidate Name

**Dave Reichert**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

Transaction ID : **SB23-2336-6892-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Friends Of Don Beyer**

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314-6233

Purpose of Disbursement Contribution

011

Candidate Name

**Donald Sternoff Beyer Jr.**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : **SB23-3774-6800-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Dr

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Erik Paulsen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB23-2568-6486-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Dr

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Erik Paulsen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB23-2568-6487-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Dr

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name  
**Erik Paulsen**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB23-2568-6511-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. Friends of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211-2567

Purpose of Disbursement  
Contribution

011

Candidate Name

**James E. Clyburn**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB23-3101-6512-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Friends Of Michelle**

Mailing Address PO Box 25422

City Albuquerque State NM Zip Code 87125-0422

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michelle Lujan Grisham**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-3783-6854-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Friends of Sam Johnson**

Mailing Address PO Box 860096

City Plano State TX Zip Code 75086-0096

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sam Johnson**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB23-3405-6351-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Friends of Sam Johnson**

Mailing Address PO Box 860096

City State Zip Code  
Plano TX 75086-0096

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sam Johnson**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB23-3405-6352-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 State Zip Code  
Plano TX 75086-0096

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sam Johnson**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-3405-6430-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Friends of Schumer**

Mailing Address 192 Lexington Ave, Suite 1001

City State Zip Code  
New York NY 10016

Purpose of Disbursement  
Contribution

011

Candidate Name

**Charles E. Schumer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NY District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-2290-6591-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624-7187

Purpose of Disbursement Contribution

011

Candidate Name

**George B. Holding**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : SB23-3358-6366-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624-7187

Purpose of Disbursement Contribution

011

Candidate Name

**George B. Holding**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-3358-6525-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. George Holding For Congress Inc.**

Mailing Address PO Box 97187

City Raleigh State NC Zip Code 27624-7187

Purpose of Disbursement Contribution

011

Candidate Name

**George B. Holding**

Category/Type

Office Sought:  House  Senate  President  
State: NC District: 13

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-3358-6893-e**

Amount of Each Disbursement this Period

500

**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. Georgians For Isakson**

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325-1116

Purpose of Disbursement Contribution

011

Candidate Name

**Johnny H. Isakson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : SB23-3649-6363-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Georgians For Isakson**

Mailing Address PO Box 250116

City Atlanta State GA Zip Code 30325-1116

Purpose of Disbursement Contribution

011

Candidate Name

**Johnny H. Isakson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-3649-6431-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Giving Willingly Empowering Nationally (GWEN) PAC**

Mailing Address PO Box 75357

City Washington State DC Zip Code 20013-0357

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2015  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-3490-6522-e**

Amount of Each Disbursement this Period

2500

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

4500.00

**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. Grassley Committee Inc.**

Mailing Address PO Box 1000

City Des Moines State IA Zip Code 50304-1000

Purpose of Disbursement  
Contribution

011

Candidate Name

**Charles E. Grassley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2015

**Transaction ID : SB23-2295-6441-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Great Lakes PAC**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-3715-6526-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. Great Lakes PAC**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-3715-6581-e**

Amount of Each Disbursement this Period

2500

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

6000.00

**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. Heidi For Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
Contribution

011

Candidate Name

**Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			03			2015			

**Transaction ID : SB23-3730-6656-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. Heidi For Senate**

Mailing Address PO Box 1577

City Bismarck State ND Zip Code 58502-1577

Purpose of Disbursement  
Contribution

011

Candidate Name

**Heidi Heitkamp**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: ND District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

**Transaction ID : SB23-3730-6805-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement  
Contribution

011

Candidate Name

**Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: NV District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

**Transaction ID : SB23-2813-6484-e**

Amount of Each Disbursement this Period

1000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

6000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-2813-6529-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-2813-6801-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Heller For Senate**

Mailing Address PO Box 371907

City Las Vegas State NV Zip Code 89137-1907

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Dean Heller**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: NV District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-2813-6802-e**

Amount of Each Disbursement this Period

500

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

3500.00

**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. Help Unite Republicans Today PAC**

Mailing Address PO Box 283

City Chatham State VA Zip Code 24531-0283

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23-3398-6901-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Hoyer For Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steny Hamilton Hoyer**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MD District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-2349-6590-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Huizenga For Congress**

Mailing Address PO Box 254

City Zeeland State MI Zip Code 49464-0254

Purpose of Disbursement  
Contribution

011

Candidate Name

**William P. Huizenga**

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-2773-6788-e**

Amount of Each Disbursement this Period

1000

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

3500.00

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



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 169 OF 197
	<input type="checkbox"/> 21b <input type="checkbox"/> 22 <input checked="" type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27 <input type="checkbox"/> 28a <input type="checkbox"/> 28b <input type="checkbox"/> 28c <input type="checkbox"/> 29 <input type="checkbox"/> 30b	

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

<b>A. ICE PAC</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 752 City Long Lake State MN Zip Code 55356-0752 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12</td> <td></td> <td style="text-align: center;">04</td> <td></td> <td style="text-align: center;">2015</td> </tr> </table> <b>Transaction ID : SB23-3309-6866-e</b> Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">1000</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		04		2015	1000
M M M	/	D D D	/	Y Y Y Y Y Y								
12		04		2015								
1000												

<b>B. IMPACT</b> Full Name (Last, First, Middle Initial) Mailing Address 192 Lexington Avenue Room 1001 City New York State NY Zip Code 10016-6823 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">09</td> <td></td> <td style="text-align: center;">16</td> <td></td> <td style="text-align: center;">2015</td> </tr> </table> <b>Transaction ID : SB23-2612-6514-e</b> Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">2500</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	09		16		2015	2500
M M M	/	D D D	/	Y Y Y Y Y Y								
09		16		2015								
2500												

<b>C. IMPACT</b> Full Name (Last, First, Middle Initial) Mailing Address 192 Lexington Avenue Room 1001 City New York State NY Zip Code 10016-6823 Purpose of Disbursement Contribution Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2015 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Date of Disbursement <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">M M M</td> <td style="text-align: center;">/</td> <td style="text-align: center;">D D D</td> <td style="text-align: center;">/</td> <td style="text-align: center;">Y Y Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12</td> <td></td> <td style="text-align: center;">04</td> <td></td> <td style="text-align: center;">2015</td> </tr> </table> <b>Transaction ID : SB23-2612-6852-e</b> Amount of Each Disbursement this Period <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">1000</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y Y	12		04		2015	1000
M M M	/	D D D	/	Y Y Y Y Y Y								
12		04		2015								
1000												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">4500.00</td> </tr> </table>	4500.00
4500.00		
<b>TOTAL</b> This Period (last page this line number only).....▶	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: right;"> </td> </tr> </table>	

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

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

FOR LINE NUMBER:  
(check only one)

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

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)**

Full Name (Last, First, Middle Initial)

**A. IMPACT**

Mailing Address 192 Lexington Avenue  
Room 1001

City New York State NY Zip Code 10016-6823

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23-2612-6883-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**B. Jason Smith For Congress**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Jason Smith**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 17 / 2015

**Transaction ID : SB23-3426-6433-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Jason Smith For Congress**

Mailing Address PO Box 1324

City Cape Girardeau State MO Zip Code 63702-1324

Purpose of Disbursement  
Contribution

011  
Category/  
Type

Candidate Name

**Jason Smith**

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23-3426-6859-e**

Amount of Each Disbursement this Period

2000

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

4500.00

**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. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-2988-6432-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-2988-6528-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. JOE-PAC: Jobs, Opportunities and Education PAC**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-3131-6785-e**

Amount of Each Disbursement this Period

2500

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

4500.00

**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. Katko For Congress**

Mailing Address PO Box 133

City State Zip Code  
Camillus NY 13031-0133

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

**John M. Katko**

Office Sought:  House  
 Senate  
 President  
State: NY District: 24

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
09 / 16 / 2015

**Transaction ID : SB23-3708-6509-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Keeping Republican Ideas Strong Timely and Inventive (KRISTI PAC)**

Mailing Address PO Box 312

City State Zip Code  
Sioux Falls SD 57101-0312

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
12 / 15 / 2015

**Transaction ID : SB23-3788-6886-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. KEN PAC**

Mailing Address PO Box 110187

City State Zip Code  
Carrllton TX 75011-0187

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
12 / 17 / 2015

**Transaction ID : SB23-3793-6904-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011-0187

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kenny E. Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

**Transaction ID : SB23-2602-6488-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011-0187

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kenny E. Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : SB23-2602-6530-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City State Zip Code  
Carrollton TX 75011-0187

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kenny E. Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-2602-6784-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Kenny Marchant For Congress**

Mailing Address PO Box 110187

City Carrollton State TX Zip Code 75011-0187

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kenny E. Marchant**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TX District: 24

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2015

**Transaction ID : SB23-2602-6858-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2015

**Transaction ID : SB23-2748-6357-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Kristi For Congress**

Mailing Address PO Box 852

City Sioux Falls State SD Zip Code 57101-0852

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kristi Lynn Noem**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07	/	22	/	2015

**Transaction ID : SB23-2748-6358-e**

Amount of Each Disbursement this Period

1500
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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. Kuster For Congress, Inc.**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann McLane Kuster**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2015

**Transaction ID : SB23-3693-6594-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Kuster For Congress, Inc.**

Mailing Address PO Box 1498

City Concord State NH Zip Code 03302-1498

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann McLane Kuster**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 15 / 2015

**Transaction ID : SB23-3693-6881-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. 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) ▼  
Convention 2016

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2015

**Transaction ID : SB23-2250-6444-e**

Amount of Each Disbursement this Period

1500

**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. 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) **Convention 2016**

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

Transaction ID : **SB23-2250-6589-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. 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) **Convention 2016**

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : **SB23-2250-6786-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Levin For Congress**

Mailing Address PO Box 37

City Roseville State MI Zip Code 48066-0037

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sander M. Levin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) **Convention 2016**

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

Transaction ID : **SB23-2251-6804-e**

Amount of Each Disbursement this Period

2500

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

4500.00

**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. Loeb sack For Congress**

Mailing Address PO Box 3013

City Iowa City State IA Zip Code 52244-3013

Purpose of Disbursement Contribution

011

Candidate Name

**David Wayne Loeb sack**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IA District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-3785-6884-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Lou Barletta For Congress**

Mailing Address PO Box 128

City Hazleton State PA Zip Code 18201-0128

Purpose of Disbursement Contribution

011

Candidate Name

**Lou Barletta**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: PA District: 11

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

**Transaction ID : SB23-2758-6360-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Luke Messer For Congress**

Mailing Address PO Box 917

City Shelbyville State IN Zip Code 46176-0917

Purpose of Disbursement Contribution

011

Candidate Name

**Alan Lucas Messer**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IN District: 06

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-3268-6888-e**

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Lynn Jenkins For Congress**

Mailing Address PO Box 2042

City Topeka State KS Zip Code 66601-2042

Purpose of Disbursement  
Contribution

011

Candidate Name

**Lynn Jenkins**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-2661-6887-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Making America Prosperous PAC**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-3484-6856-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. Making Business Excel PAC**

Mailing Address PO Box 2687

City Cody State WY Zip Code 82414-2687

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : SB23-3653-6652-e**

Amount of Each Disbursement this Period

1000

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

4500.00

**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. Maloney For Congress**

Mailing Address 49 E 92nd Street

City New York State NY Zip Code 10128-1326

Purpose of Disbursement  
Contribution

011

Candidate Name

**Carolyn B. Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SB23-2291-6348-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Maloney For Congress**

Mailing Address 49 E 92nd Street

City New York State NY Zip Code 10128-1326

Purpose of Disbursement  
Contribution

011

Candidate Name

**Carolyn B. Maloney**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NY District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2015

**Transaction ID : SB23-2291-6527-e**

Amount of Each Disbursement this Period

3500

Full Name (Last, First, Middle Initial)

**C. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361-0202

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joe Manchin III**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: WV District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 13 / 2015

**Transaction ID : SB23-3700-6345-e**

Amount of Each Disbursement this Period

1000

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

5500.00

**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. Manchin For West Virginia**

Mailing Address PO Box 5202

City Charleston State WV Zip Code 25361-0202

Purpose of Disbursement Contribution

011

Candidate Name

**Joe Manchin III**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WV District:

Date of Disbursement

MM / DD / YYYY  
11 / 23 / 2015

**Transaction ID : SB23-3700-6806-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. Mark Pocan For Congress**

Mailing Address PO Box 327

City Madison State WI Zip Code 53701-0327

Purpose of Disbursement Contribution

011

Candidate Name

**Mark Pocan**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: WI District: 02

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

**Transaction ID : SB23-3716-6597-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. McCaskill For Missouri**

Mailing Address PO Box 300077

City Saint Louis State MO Zip Code 63130-0338

Purpose of Disbursement Contribution

011

Candidate Name

**Claire McCaskill**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MO District:

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB23-2923-6347-e**

Amount of Each Disbursement this Period

1000

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

4500.00

**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. McCaskill For Missouri**

Mailing Address PO Box 300077

City State Zip Code  
Saint Louis MO 63130-0338

Purpose of Disbursement  
Contribution

011

Candidate Name

**Claire McCaskill**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: MO District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 04 / 2015

**Transaction ID : SB23-2923-6857-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Mike Crapo For US Senate**

Mailing Address PO Box 1948

City State Zip Code  
Boise ID 83701-1948

Purpose of Disbursement  
Contribution

011

Candidate Name

**Michael D. Crapo**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ID District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 21 / 2015

**Transaction ID : SB23-1207-6442-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City State Zip Code  
Sacramento CA 95841-3111

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: CA District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2015

**Transaction ID : SB23-2728-6592-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. 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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 05

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-2728-6850-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-2382-6586-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

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MT District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-2382-6851-e**

Amount of Each Disbursement this Period

2500

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

5000.00

**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. More Conservatives PAC (MCPAC)**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2015

**Transaction ID : SB23-3394-6531-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Motor City PAC**

Mailing Address 611 Pennsylvania Avenue SE  
Suite 143

City Washington State DC Zip Code 20003-4303

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB23-3617-6864-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Pat Meehan For Congress**

Mailing Address 50 S Providence Road

City Media State PA Zip Code 19063-3531

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2015

**Transaction ID : SB23-2681-6587-e**

Amount of Each Disbursement this Period

2000

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

8000.00

**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) <b>A. Pat Meehan For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 17 / 2015	
Mailing Address 50 S Providence Road		Transaction ID : <b>SB23-2681-6899-e</b>  Amount of Each Disbursement this Period 2500	
City Media	State PA		Zip Code 19063-3531
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>Patrick L. Meehan</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: PA	District: 07	

Full Name (Last, First, Middle Initial) <b>B. People For Patty Murray</b>		Date of Disbursement MM / DD / YYYY 07 / 22 / 2015	
Mailing Address PO Box 3662		Transaction ID : <b>SB23-2331-6359-e</b>  Amount of Each Disbursement this Period 1000	
City Seattle	State WA		Zip Code 98124-3662
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>Patty Murray</b>	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: WA	District:	

Full Name (Last, First, Middle Initial) <b>C. Peters For Michigan</b>		Date of Disbursement MM / DD / YYYY 11 / 13 / 2015	
Mailing Address PO Box 226		Transaction ID : <b>SB23-2363-6782-e</b>  Amount of Each Disbursement this Period -1000	
City Bloomfield Hills	State MI		Zip Code 48303-0226
Purpose of Disbursement Redesignation of 6/9/15 Disb. To Primary 2020	Category/ Type 011		
Candidate Name <b>Gary Peters</b>	Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: MI	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶	2500.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶	



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

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

FOR LINE NUMBER:  
(check only one)

<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. Peters For Michigan**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303-0226

Purpose of Disbursement  
Redesignation of 6/9/15 Disb. From Primary 2016

011

Candidate Name  
**Gary Peters**

Category/  
Type

Office Sought:  House  Senate  President  
State: MI District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 13 / 2015

Transaction ID : SB23-2363-6783-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Peters For Michigan**

Mailing Address PO Box 226

City Bloomfield Hills State MI Zip Code 48303-0226

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Gary Peters**

Category/  
Type

Office Sought:  House  Senate  President  
State: MI District:

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

Transaction ID : SB23-2363-6803-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Poliquin For Congress**

Mailing Address PO Box 50

City Oakland State ME Zip Code 04963-0050

Purpose of Disbursement  
Contribution

011

Candidate Name  
**Bruce L. Poliquin**

Category/  
Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : SB23-3659-6346-e

Amount of Each Disbursement this Period

2000

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

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

4000.00

**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. Poliquin For Congress**

Mailing Address PO Box 50

City State Zip Code  
Oakland ME 04963-0050

Purpose of Disbursement  
Contribution

011

Candidate Name

**Bruce L. Poliquin**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: ME District: 02

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-3659-6435-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Portman For Senate Committee**

Mailing Address 9856 Archer Ln

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

**Transaction ID : SB23-2332-6350-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Portman For Senate Committee**

Mailing Address 9856 Archer Ln

City State Zip Code  
Dublin OH 43017

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rob Portman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

**Transaction ID : SB23-2332-6651-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. Prosperity Action Inc.**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314-1837

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : SB23-3545-6354-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Prosperity Action Inc.**

Mailing Address 1006 Pendleton Street

City Alexandria State VA Zip Code 22314-1837

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 08 / 2015

Transaction ID : SB23-3545-6485-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. 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

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NC District: 02

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

Transaction ID : SB23-3050-6863-e

Amount of Each Disbursement this Period

1000

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

3000.00

**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. RICE America PAC-Republicans In Congress Empowering America**

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	15	/	2015

Transaction ID : SB23-3787-6885-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Robert Hurt For Congress**

Mailing Address PO Box 8

City Chatham State VA Zip Code 24531-0008

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: VA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SB23-2674-6524-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Rock City PAC**

Mailing Address 1015 Stonebridge Park Drive

City Franklin State TN Zip Code 37069-4001

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	25	/	2015

Transaction ID : SB23-3714-6521-e

Amount of Each Disbursement this Period

1000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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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. Rodney For Congress**

Mailing Address PO Box 344

City Taylorville State IL Zip Code 62568-0344

Purpose of Disbursement Contribution

011

Candidate Name

**Rodney Davis**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 13

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2015

**Transaction ID : SB23-3712-6520-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**B. 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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

**Transaction ID : SB23-2866-6595-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

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: IL District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2015

**Transaction ID : SB23-2866-6596-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
1	2		0	4		2	0	1	5

**Transaction ID : SB23-2866-6865-e**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									1

Full Name (Last, First, Middle Initial)

**B. ROSKAM PAC**

Mailing Address PO Box 1011

City State Zip Code  
Wheaton IL 60187-1011

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2015  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	5

**Transaction ID : SB23-2544-6440-e**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									4

Full Name (Last, First, Middle Initial)

**C. Ryan Costello For Congress**

Mailing Address PO Box 3154

City State Zip Code  
West Chester PA 19381-3154

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ryan A. Costello**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	1	5

**Transaction ID : SB23-3521-6532-e**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
									2

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

7	5	0	0	0	0	0	0	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

7	5	0	0	0	0	0	0	0	0
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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. Scalise For Congress**

Mailing Address PO Box 23219

City New Orleans State LA Zip Code 70183-0219

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steve Scalise**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: LA District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			23			2015			

Transaction ID : SB23-3776-6807-e

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. Scott Garrett For Congress**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement  
Contribution

011

Candidate Name

**Scott Garrett**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
08			17			2015			

Transaction ID : SB23-2513-6439-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Steve Fincher For Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308-0119

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steve Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
09			08			2015			

Transaction ID : SB23-2839-6482-e

Amount of Each Disbursement this Period

1000
------

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

4500.00
---------

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

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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. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement Contribution

011

Candidate Name

**Steve Stivers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
07 / 13 / 2015

Transaction ID : SB23-2670-6343-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement Contribution

011

Candidate Name

**Steve Stivers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
07 / 22 / 2015

Transaction ID : SB23-2670-6355-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement Contribution

011

Candidate Name

**Steve Stivers**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY  
11 / 03 / 2015

Transaction ID : SB23-2670-6653-e

Amount of Each Disbursement this Period

1000

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

3000.00

**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. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement Contribution

011

Candidate Name

**Steve Stivers**

Category/Type

Office Sought:  House  Senate  President  
State: OH District: 15

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 15 / 2015

**Transaction ID : SB23-2670-6882-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**B. Synergy PAC**

Mailing Address 6849 Old Dominion Drive Suite 222

City McLean State VA Zip Code 22101-3705

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-3770-6798-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. The Madison PAC**

Mailing Address 235 State Street Apt. 206

City Springfield State MA Zip Code 01103-1741

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2015  
 Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 16 / 2015

**Transaction ID : SB23-3769-6797-e**

Amount of Each Disbursement this Period

2000

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

4500.00

**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. Trott For Congress, Inc.**

Mailing Address PO Box 217

City Troy State MI Zip Code 48099-0217

Purpose of Disbursement Contribution

011

Candidate Name

**David A. Trott**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 16 / 2015

**Transaction ID : SB23-3710-6517-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Van Hollen For Senate**

Mailing Address 10605 Concord Street Suite 202

City Kensington State MD Zip Code 20895-2526

Purpose of Disbursement Contribution

011

Candidate Name

**Chris Van Hollen**

Category/Type

Office Sought:  House  Senate  President  
State: MD District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB23-3674-6900-e**

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

**C. Yoder For Congress**

Mailing Address PO Box 26742

City Overland Park State KS Zip Code 66225-6742

Purpose of Disbursement Contribution

011

Candidate Name

**Kevin W. Yoder**

Category/Type

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 17 / 2015

**Transaction ID : SB23-3036-6437-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. Young For Iowa Inc.**

Mailing Address PO Box 162

City Van Meter State IA Zip Code 50261-0162

Purpose of Disbursement  
Contribution

011

Candidate Name

**David Young**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: IA District: 03

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
07 / 28 / 2015

**Transaction ID : SB23-3549-6368-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

206500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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. Cahill Inc.**

Mailing Address 801 N Orange Avenue  
Suite 820

City Orlando State FL Zip Code 32801-5203

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2015

**Transaction ID : SB28a-3792-6902-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Kelm Financial Services, Inc.**

Mailing Address 2139 NW Military Highway  
Suite 100

City San Antonio State TX Zip Code 78213-1831

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2015

**Transaction ID : SB28a-3779-6867-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. David Simkowitz**

Mailing Address 268 Willoughby Avenue

City Brooklyn State NY Zip Code 11205-1415

Purpose of Disbursement  
Refund

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

010  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 28 / 2015

**Transaction ID : SB28a-3167-6373-e**

Amount of Each Disbursement this Period

2000

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

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

4000.00

4000.00

**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 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 checked="" 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 Building Fund**

Mailing Address 320 1st Street SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29-3734-6657-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

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

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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