

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 09 01 2010 through 09 30 2010

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

Type or Print Name of Treasurer Marc Cadin

Signature of Treasurer Electronically Filed by Marc Cadin Date 10 18 2010

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

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

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

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

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		262923.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	263813.21									
(c) Total Receipts (from Line 19)	34300.00	297339.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	298113.21	560262.90								
7. Total Disbursements (from Line 31)	128200.00	390349.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	169913.21	169913.21								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

Report Covering the Period: From:

M	M
0	9

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	29700.00	264400.00
(ii) Unitemized	4600.00	23190.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	34300.00	287590.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	34300.00	295090.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	249.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	34300.00	297339.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34300.00	297339.69

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	4524.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	4524.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	128000.00	385400.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	200.00	200.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	200.00	200.00
29. Other Disbursements.....	0.00	225.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	128200.00	390349.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	128200.00	390349.69

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 31

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)	34300.00	295090.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34100.00	294890.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4524.69
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	4524.69

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

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

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

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

A.	Full Name (Last, First, Middle Initial) David Byers	Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010
	Mailing Address 4233 Old Brook Trl	Transaction ID: SA11AI-91-1642-c
	City State Zip Code Birmingham AL 35243	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Capital Strategies Group Occupation Managing Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

B.	Full Name (Last, First, Middle Initial) R. Bruce Callahan	Date of Receipt M M / D D / Y Y Y Y 09 / 10 / 2010
	Mailing Address 1250 Capitol of TX Hwy S Bldg 2 Ste 125	Transaction ID: SA11AI-97-1582-c
	City State Zip Code Austin TX 78746	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer NFP Partners Occupation Chairman Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00	

C.	Full Name (Last, First, Middle Initial) Donald Culver	Date of Receipt M M / D D / Y Y Y Y 09 / 29 / 2010
	Mailing Address 2938 S Lakeridge Trail	Transaction ID: SA11AI-216-1667-c
	City State Zip Code Boulder CO 80302-9312	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Culver & Company, Inc. Occupation Life Insurance Agent Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	2250.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 31

(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Edward Feiman

Mailing Address 1675 Broadway
Suite 1100

City State Zip Code
Denver CO 80202-4686

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

Name of Employer Assured Equity Management
Occupation Financial Adviser

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 27 / 2010

Transaction ID: SA11AI-292-1660-c

Amount of Each Receipt this Period

1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Lawrence Ganim

Mailing Address 45 Ironwood Road

City State Zip Code
Bridgeport CT 06611-4054

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

Name of Employer The Ganim Group, Inc.
Occupation President/CEO

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

Date of Receipt

M M / D D / Y Y Y Y
09 / 25 / 2010

Transaction ID: SA11AI-326-1657-c

Amount of Each Receipt this Period

1000.00

Contribution

C.

Full Name (Last, First, Middle Initial)
James Gelder

Mailing Address 1250 S Capl Of Tx Highway
Bldg. 2, Suite 125

City State Zip Code
West Lake Hls TX 78746-6446

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

Name of Employer National Financial Partners
Occupation Financial Adviser

Receipt For: Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 20 / 2010

Transaction ID: SA11AI-332-1636-c

Amount of Each Receipt this Period

300.00

Contribution

SUBTOTAL of Receipts This Page (optional)

2300.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 31
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16
							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) Andrew Goldman		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 1459 Flat Rock Road		Transaction ID: SA11AI-348-1648-c
City Penn Valley	State PA	Zip Code 19072-1239
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AXA Advisors	Occupation Life Insurance Agent	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Todd Healy		Date of Receipt MM / DD / YYYY 09 / 07 / 2010
Mailing Address 8080 N Central Expressway Suite 1500		Transaction ID: SA11AI-393-1576-c
City Dallas	State TX	Zip Code 75206-1846
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer IPS Advisors, Inc.	Occupation Principal	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Gerry W. Impelman		Date of Receipt MM / DD / YYYY 09 / 01 / 2010
Mailing Address 3631 Hunters Pier		Transaction ID: SA11AI-443-1568-c
City San Antonio	State TX	Zip Code 78230-2036
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Impelman Ins. & Investments	Occupation Managing Partner	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Eleanor Johnson

Mailing Address 827 Windsor Drive SE

City State Zip Code
Sammamish WA 98074-3423

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

Name of Employer Occupation
Highland Capital Brokerage Managing Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 14 / 2010

Transaction ID: SA11AI-455-1649-c

Amount of Each Receipt this Period
1000.00

Contribution

B.

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

Mailing Address 40 Monument Road

City State Zip Code
Bala Cynwyd PA 19004-1700

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

Name of Employer Occupation
Karr Barth Associates, In- Sr. Executive VP
c.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 22 / 2010

Transaction ID: SA11AI-480-1655-c

Amount of Each Receipt this Period
200.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Paul Krasnow

Mailing Address 9454 Wilshire Boulevard
Suite 310

City State Zip Code
Beverly Hills CA 90212-2904

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

Name of Employer Occupation
Northwestern Mutual Financial Representative

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI-516-1643-c

Amount of Each Receipt this Period
1000.00

Contribution

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

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
Carl Mammel

Mailing Address 8805 Indian Hills Drive
Suite 375

City State Zip Code
Omaha NE 68114-6004

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 ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI-586-1640-c

Amount of Each Receipt this Period
1000.00

Contribution

B.

Full Name (Last, First, Middle Initial)
Edward McGill

Mailing Address 2300 128th Street

City State Zip Code
Urbandale IA 50323-1818

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

Name of Employer Northwestern Mutual Occupation Wealth Manager

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 23 / 2010

Transaction ID: SA11AI-1175-1645-c

Amount of Each Receipt this Period
500.00

Contribution

C.

Full Name (Last, First, Middle Initial)
Patrick McNamara

Mailing Address 6481 Warren Road

City State Zip Code
Ann Arbor MI 48105-9775

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

Name of Employer Financial Concepts, Inc. Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 29 / 2010

Transaction ID: SA11AI-612-1668-c

Amount of Each Receipt this Period
1000.00

Contribution

SUBTOTAL of Receipts This Page (optional) ► 2500.00

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

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

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

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

A.	Full Name (Last, First, Middle Initial) Jeffrey Miller	Date of Receipt MM / DD / YYYY 09 / 24 / 2010
	Mailing Address 405 Old Locke Ln	Transaction ID: SA11AI-1170-1662-c
	City Richmond State VA Zip Code 23116	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Miller Management Occupation Wealth Mgmt Advisor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

B.	Full Name (Last, First, Middle Initial) James Monteverde	Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address Three Gateway Center Suite 2300	Transaction ID: SA11AI-643-1600-c
	City Pittsburgh State PA Zip Code 15222	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer The Monteverde Group, LLC Occupation Financial Planner Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

C.	Full Name (Last, First, Middle Initial) Steffen Nass	Date of Receipt MM / DD / YYYY 09 / 11 / 2010
	Mailing Address 102 Rossburn Way	Transaction ID: SA11AI-2594-1584-c
	City Chapel Hill State NC Zip Code 27516-8342	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. C	Contribution
	Name of Employer Guardian Occupation Director - Executive Benefits Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 1000.00	

SUBTOTAL of Receipts This Page (optional)	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: (check only one)	PAGE 12 / 31
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Michael Nolan		Date of Receipt
	Mailing Address 7710 Savannah Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 16 / 2010
	City	State	Zip Code
	Bethesda	MD	20817
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-671-1609-c
Name of Employer Nolan Financial Group		Occupation Financial Adviser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

B.	Full Name (Last, First, Middle Initial) Mark Pfaff		Date of Receipt
	Mailing Address 31B Windle Park		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 23 / 2010
	City	State	Zip Code
	Sleepy Hollow	NY	10591-3935
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-710-1641-c
Name of Employer New York Life		Occupation Second Vice President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
			Contribution

C.	Full Name (Last, First, Middle Initial) W. Luther Pierce, IV		Date of Receipt
	Mailing Address PO Box 35485		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 20 / 2010
	City	State	Zip Code
	Greensboro	NC	27425-5485
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI-2441-1638-c
Name of Employer Plybon & Associates		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 200.00
			Contribution

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2200.00
TOTAL 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 13 / 31
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Richard Pope

Mailing Address 22 Brycewood Drive

City Dix Hills State NY Zip Code 11746-4913

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

Name of Employer Guardian Life Ins. Co. Occupation Financial Adviser

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2010
Transaction ID: SA11AI-724-1656-c
 Amount of Each Receipt this Period 1000.00
 Contribution

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

Mailing Address 290 W Mt Pleasant Ave

City Livingston State NJ Zip Code 07039

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

Name of Employer Kugler Company LLC Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 15 / 2010
Transaction ID: SA11AI-743-1651-c
 Amount of Each Receipt this Period 1000.00
 Contribution

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

Mailing Address 1000 Corporate Drive Suite 700

City Ft Lauderdale State FL Zip Code 33334-3638

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

Name of Employer Mass Mutual Occupation General Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 24 / 2010
Transaction ID: SA11AI-878-1661-c
 Amount of Each Receipt this Period 1000.00
 Contribution

SUBTOTAL of Receipts This Page (optional) ► 3000.00

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 31
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial) Frank Seneco		Date of Receipt MM / DD / YYYY 09 / 08 / 2010
Mailing Address 64 Mountain Brook Road		Transaction ID: SA11AI-2559-1578-c
City North Haven	State CT	Zip Code 06473-1019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seneco & Associates Inc.	Occupation Business Owner/Insurance Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Frank Seneco		Date of Receipt MM / DD / YYYY 09 / 15 / 2010
Mailing Address 64 Mountain Brook Road		Transaction ID: SA11AI-2559-1652-c
City North Haven	State CT	Zip Code 06473-1019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seneco & Associates Inc.	Occupation Business Owner/Insurance Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

C.

Full Name (Last, First, Middle Initial) Brian Sharkey		Date of Receipt MM / DD / YYYY 09 / 23 / 2010
Mailing Address 40 Monument Road		Transaction ID: SA11AI-890-1644-c
City Bala Cynwyd	State PA	Zip Code 19004-1700
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Karr Barth Administrators, Inc	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

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: PAGE 15 / 31
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Brian Sharkey</p> <p>Mailing Address 40 Monument Road</p> <p>City State Zip Code Bala Cynwyd PA 19004-1700</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Karr Barth Administrators, Inc.</p> <p>Occupation President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1500.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 23 / 2010</p> <p>Transaction ID: SA11AI-890-1646-c</p> <p>Amount of Each Receipt this Period 500.00</p> <p>Contribution</p>
---	--

<p>B. Full Name (Last, First, Middle Initial) Sam Sheth</p> <p>Mailing Address 2603 Palm Avenue</p> <p>City State Zip Code Manhattan Beach CA 90266-2347</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer VerityPoint</p> <p>Occupation Sr Managing Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 01 / 2010</p> <p>Transaction ID: SA11AI-2590-1573-c</p> <p>Amount of Each Receipt this Period 750.00</p> <p>Contribution</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Gary Sitzmann</p> <p>Mailing Address 1 Kaiser Plaza Suite 1101</p> <p>City State Zip Code Oakland CA 94612-3601</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Sitzmann, Morris & Lavis, Inc.</p> <p>Occupation CEO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 09 / 15 / 2010</p> <p>Transaction ID: SA11AI-908-1650-c</p> <p>Amount of Each Receipt this Period 1000.00</p> <p>Contribution</p>
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<p>SUBTOTAL of Receipts This Page (optional)</p>	<p>2250.00</p>
<p>TOTAL This Period (last page this line number only)</p>	

**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 / 31
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.

Full Name (Last, First, Middle Initial) Rebecca Wingate		Date of Receipt MM / DD / YYYY 09 / 27 / 2010
Mailing Address 12001 Open Run Road		Transaction ID: SA11AI-1154-1658-c
City Ellicott City	State MD	Zip Code 21042-6110
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Highland Capital Brokerage	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

B.

Full Name (Last, First, Middle Initial) Peter Worth		Date of Receipt MM / DD / YYYY 09 / 14 / 2010
Mailing Address 99 Park Avenue Floor 25		Transaction ID: SA11AI-1052-1607-c
City New York	State NY	Zip Code 10016-1601
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer Amer. Benefits & Comp. Sys.	Occupation Life Insurance Agent	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

SUBTOTAL of Receipts This Page (optional)	▶	6000.00
TOTAL This Period (last page this line number only)	▶	29700.00

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Becerra For Congress	Transaction ID: SB23-1200-1589-e Date of Disbursement
	Mailing Address PO Box 261060	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Los Angeles State CA Zip Code 90026-0878	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2500.00"/>
	Candidate Name Xavier Becerra	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 31	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Berkley For Congress	Transaction ID: SB23-2334-1588-e Date of Disbursement
	Mailing Address 3069 Conquista Court	<input type="text" value="09"/> <input type="text" value="13"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Las Vegas State NV Zip Code 89121-3866	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1500.00"/>
	Candidate Name Shelley Berkley	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bluegrass Committee	Transaction ID: SB23-2403-1633-e Date of Disbursement
	Mailing Address 400 N Capitol Street NW Suite 585	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Washington State DC Zip Code 20001-1502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="9000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Blumenauer For Congress	Transaction ID: SB23-1201-1590-e Date of Disbursement
	Mailing Address 830 NE Holladay Street Suite 105	<input type="text" value="09"/> / <input type="text" value="13"/> / <input type="text" value="2010"/>
	City Portland State OR Zip Code 97232-5105	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="2000.00"/>
	Candidate Name Earl Blumenauer	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 03	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Brady for Congress	Transaction ID: SB23-1203-1618-e Date of Disbursement
	Mailing Address PO Box 8277	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Spring State TX Zip Code 77387-8277	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name Kevin Brady	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Cam Cavasso For US Senate	Transaction ID: SB23-2608-1610-e Date of Disbursement
	Mailing Address 41-530 Waikupanaha Street	<input type="text" value="09"/> / <input type="text" value="17"/> / <input type="text" value="2010"/>
	City Waimanalo State HI Zip Code 96795-1438	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Campbell Cavasso	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: HI District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="8000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Charles Boustany Jr. MD For Congress

Mailing Address PO Box 80126

City Lafayette State LA Zip Code 70598-0126

Purpose of Disbursement
Contribution

Candidate Name
Dr. Charles Boustany Jr.

010
 011
Category/
Type

Office Sought: House Senate President
State: LA District: 07
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-2339-1615-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
Charlie Crist For US Senate

Mailing Address PO Box 1694

City Tallahassee State FL Zip Code 32302-1694

Purpose of Disbursement
Contribution

Candidate Name
Charlie Crist

010
 011
Category/
Type

Office Sought: House Senate President
State: FL District:
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-2586-1631-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
Chris Lee For Congress

Mailing Address PO Box 15395

City Rochester State NY Zip Code 14615-0395

Purpose of Disbursement
Contribution

Candidate Name
Christopher J. Lee

010
 011
Category/
Type

Office Sought: House Senate President
State: NY District: 26
Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-2598-1594-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

<p>A. Full Name (Last, First, Middle Initial) Crowley For Congress</p> <p>Mailing Address 8456 Grand Avenue</p> <p>City Elmhurst State NY Zip Code 11373-4352</p> <p>Purpose of Disbursement Contribution Candidate Name Joseph Crowley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 07</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-1198-1619-e Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>B. Full Name (Last, First, Middle Initial) David Scott For Congress</p> <p>Mailing Address PO Box 960821</p> <p>City Riverdale State GA Zip Code 30296-0821</p> <p>Purpose of Disbursement Contribution Candidate Name David Albert Scott</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: GA District: 13</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-2610-1620-e Date of Disbursement 09 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>011 Category/ Type</p>
<p>C. Full Name (Last, First, Middle Initial) David Vitter For US Senate</p> <p>Mailing Address PO Box 8175</p> <p>City Metairie State LA Zip Code 70011-8175</p> <p>Purpose of Disbursement VOID: Uncashed Check From 8/18/2010 Candidate Name David Vitter</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23-2584-1612-e Date of Disbursement 09 / 22 / 2010</p> <p>Amount of Each Disbursement this Period -2500.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) ►

7500.00

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Devin Nunes Campaign Committee

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement
Contribution

Candidate Name
Devin G. Nunes

Office Sought: House
 Senate
 President

State: CA District: 21

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-2617-1627-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
Friends For Harry Reid

Mailing Address PO Box 19163

City Las Vegas State NV Zip Code 89132-0163

Purpose of Disbursement
Contribution

Candidate Name
Harry Reid

Office Sought: House
 Senate
 President

State: NV District:

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-1228-1587-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

C. Full Name (Last, First, Middle Initial)
Friends of Carolyn McCarthy

Mailing Address 151 Linden Road

City Mineola State NY Zip Code 11501-1519

Purpose of Disbursement
Contribution

Candidate Name
Carolyn McCarthy

Office Sought: House
 Senate
 President

State: NY District: 04

Disbursement For: 2010
 Primary General
 Other (specify) ▼

Transaction ID: SB23-2596-1593-e
Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional) ►

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of Dan Maffei <hr/> Mailing Address PO Box 74 <hr/> City Syracuse State NY Zip Code 13214-0074 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Daniel Benjamin Maffei <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 25	Transaction ID: SB23-2359-1596-e Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00
B.	Full Name (Last, First, Middle Initial) Friends of Dave Reichert <hr/> Mailing Address PO Box 53322 <hr/> City Bellevue State WA Zip Code 98015-3322 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Dave Reichert <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WA District: 08	Transaction ID: SB23-2336-1629-e Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 4000.00
C.	Full Name (Last, First, Middle Initial) Friends Of Frank Wolf <hr/> Mailing Address PO Box 221585 <hr/> City Chantilly State VA Zip Code 20153-1585 <hr/> Purpose of Disbursement Contribution Contribution 011 Category/Type <hr/> Candidate Name Frank R. Wolf <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 10	Transaction ID: SB23-1313-1598-e Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶	10000.00
TOTAL This Period (last page this line number only) ▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Friends of John Thune	Transaction ID: SB23-2613-1624-e Date of Disbursement
	Mailing Address 200 N Phillips Avenue Suite L101	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Sioux Falls State SD Zip Code 57104-6059	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name John Thune	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: SD District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Grassley Committee	Transaction ID: SB23-2295-1621-e Date of Disbursement
	Mailing Address PO Box 1000	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50304-1000	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="4000.00"/>
	Candidate Name Charles E. Grassley	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) IMPACT	Transaction ID: SB23-2612-1622-e Date of Disbursement
	Mailing Address 509 Madison Avenue Suite 1902	<input type="text" value="09"/> / <input type="text" value="29"/> / <input type="text" value="2010"/>
	City New York State NY Zip Code 10022-5501	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="5000.00"/>
	Candidate Name	<input type="text" value="011"/> Category/ Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="14000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Jim Himes For Congress	Transaction ID: SB23-2378-1616-e Date of Disbursement
	Mailing Address 857 Post Road # 312	<input type="text" value="09"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City Fairfield State CT Zip Code 06824-6041	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="4000.00"/>
	Candidate Name Jim Himes	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 04	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Joe Donnelly For Congress	Transaction ID: SB23-2361-1565-e Date of Disbursement
	Mailing Address PO Box 1961	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City South Bend State IN Zip Code 46634-1961	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution	<input type="text" value="1000.00"/>
	Candidate Name Joseph Simon Donnelly	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Joe Donnelly For Congress	Transaction ID: SB23-2361-1566-e Date of Disbursement
	Mailing Address PO Box 1961	<input type="text" value="09"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	City South Bend State IN Zip Code 46634-1961	Amount of Each Disbursement this Period
	Purpose of Disbursement VOID: Uncashed Check From 5/21/10	<input type="text" value="-1000.00"/>
	Candidate Name Joseph Simon Donnelly	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 25 / 31

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

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

A. Full Name (Last, First, Middle Initial) Joe Miller For US Senate <hr/> Mailing Address PO Box 72838 <hr/> City Fairbanks State AK Zip Code 99707-2838 <hr/> Purpose of Disbursement Contribution Candidate Name Joseph W. Miller Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AK District:	Transaction ID: SB23-2620-1632-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) John Campbell For Congress <hr/> Mailing Address 4590 Macarthur Boulevard Suite 500 <hr/> City Newport Beach State CA Zip Code 92660-2028 <hr/> Purpose of Disbursement Contribution Candidate Name John BT Campbell III Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CA District: 48	Transaction ID: SB23-2300-1617-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) John Lewis For Congress <hr/> Mailing Address PO Box 2323 <hr/> City Atlanta State GA Zip Code 30301-2323 <hr/> Purpose of Disbursement Contribution Candidate Name John R. Lewis Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: GA District: 05	Transaction ID: SB23-2406-1585-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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)

A. Full Name (Last, First, Middle Initial) Kenny Marchant For Congress <hr/> Mailing Address PO Box 110187 <hr/> City Carrollton State TX Zip Code 75011-0187 <hr/> Purpose of Disbursement Contribution Candidate Name Kenny E. Marchant <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 24 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2602-1603-e Date of Disbursement 09 / 15 / 2010
	Amount of Each Disbursement this Period 2000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Kevin McCarthy For Congress <hr/> Mailing Address PO Box 12667 <hr/> City Bakersfield State CA Zip Code 93389-2667 <hr/> Purpose of Disbursement Contribution Candidate Name Kevin McCarthy <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 22 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2606-1606-e Date of Disbursement 09 / 16 / 2010
	Amount of Each Disbursement this Period 5000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Larson For Congress <hr/> Mailing Address 29 Ruff Circle <hr/> City Glastonbury State CT Zip Code 06033-1437 <hr/> Purpose of Disbursement Contribution Candidate Name John B. Larson <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 01 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2250-1586-e Date of Disbursement 09 / 13 / 2010
	Amount of Each Disbursement this Period 3000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

10000.00

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 27 / 31

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

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

A.	Full Name (Last, First, Middle Initial) Majority Committee PAC - MC PAC	Transaction ID: SB23-2605-1605-e Date of Disbursement																			
	Mailing Address PO Box 10134	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	6		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	6		2	0	1	0												
	City Bakersfield State CA Zip Code 93389-0134	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name	<table border="1"><tr><td>5000.00</td></tr></table>	5000.00																		
5000.00																					
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

B.	Full Name (Last, First, Middle Initial) Maloney For Congress	Transaction ID: SB23-2291-1592-e Date of Disbursement																			
	Mailing Address 49 E 92nd Street	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		1	3		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		1	3		2	0	1	0												
	City New York State NY Zip Code 10128-1326	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name Carolyn B. Maloney	<table border="1"><tr><td>2000.00</td></tr></table>	2000.00																		
2000.00																					
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 14	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

C.	Full Name (Last, First, Middle Initial) McConnell Senate Committee '14	Transaction ID: SB23-1185-1613-e Date of Disbursement																			
	Mailing Address PO Box 1496	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>9</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	9		2	2		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	9		2	2		2	0	1	0												
	City Louisville State KY Zip Code 40201-1496	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution Candidate Name Mitch McConnell	<table border="1"><tr><td>3000.00</td></tr></table>	3000.00																		
3000.00																					
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			
		<table border="1"><tr><td>011</td></tr><tr><td>Category/ Type</td></tr></table>	011	Category/ Type																	
011																					
Category/ Type																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>10000.00</td></tr></table>	10000.00
10000.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER: (check only one)

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

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

A. Full Name (Last, First, Middle Initial) Menendez For Senate <hr/> Mailing Address 1 Gateway Center Suite 520 <hr/> City Newark State NJ Zip Code 07102-5323 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Robert Menendez <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:	Transaction ID: SB23-2615-1625-e Date of Disbursement 09 / 29 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00	
	Full Name (Last, First, Middle Initial) Nevada State Democratic Party <hr/> Mailing Address 409 Horn Street <hr/> City Las Vegas State NV Zip Code 89107-2121 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Nevada State Democratic Party <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: SB23-2604-1604-e Date of Disbursement 09 / 15 / 2010 <hr/> Amount of Each Disbursement this Period 5000.00
	Full Name (Last, First, Middle Initial) Pennsylvanians For Kanjorski <hr/> Mailing Address 103 S Hanover Street <hr/> City Nanticoke State PA Zip Code 18634-2218 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Paul E. Kanjorski <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 11	Transaction ID: SB23-1315-1597-e Date of Disbursement 09 / 13 / 2010 <hr/> Amount of Each Disbursement this Period 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶

11000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial) People For Patty Murray <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124-3662 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2331-1628-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 2 9 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) Perlmutter For Congress <hr/> Mailing Address 3440 Youngfield Street # 264 <hr/> City Wheat Ridge State CO Zip Code 80033-5245 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Edwin G. Perlmutter <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2553-1595-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 1 3 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) Portman For Senate Committee <hr/> Mailing Address 8331 Little Harbor Drive <hr/> City Cincinnati State OH Zip Code 45244-2768 <hr/> Purpose of Disbursement Contribution <input type="checkbox"/> 011 Candidate Name Rob Portman <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2332-1564-e Date of Disbursement M M / D D / Y Y Y Y 0 9 / 0 2 / 2 0 1 0
	Amount of Each Disbursement this Period 2500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶	7500.00
TOTAL This Period (last page this line number only) ▶	(Empty box)

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

A. Full Name (Last, First, Middle Initial)
Richard E. Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City Springfield State MA Zip Code 01108-2533

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Richard E. Neal

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District: 02

Transaction ID: SB23-1226-1626-e
Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

5000.00

B. Full Name (Last, First, Middle Initial)
Ryan for Congress

Mailing Address PO Box 1919

City Janesville State WI Zip Code 53547-1919

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Paul D. Ryan

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: WI District: 01

Transaction ID: SB23-1219-1614-e
Date of Disbursement

09 / 22 / 2010

Amount of Each Disbursement this Period

5000.00

C. Full Name (Last, First, Middle Initial)
Shelby For US Senate

Mailing Address PO Box 1091

City Tuscaloosa State AL Zip Code 35403-1091

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Richard C. Shelby

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: AL District:

Transaction ID: SB23-2380-1623-e
Date of Disbursement

09 / 29 / 2010

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional) ▶

14000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

A.

Full Name (Last, First, Middle Initial)
The Richard Burr Committee

Transaction ID: SB23-2328-1591-e
Date of Disbursement

Mailing Address PO Box 5928

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	3		2	0	1	0

City Winston Salem State NC Zip Code 27113-5928

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Richard Burr

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: NC District:

B.

Full Name (Last, First, Middle Initial)
Tim Scott For Congress

Transaction ID: SB23-2600-1630-e
Date of Disbursement

Mailing Address 1405 Ashley River Road

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

City Charleston State SC Zip Code 29407-5305

Amount of Each Disbursement this Period

2500.00

Purpose of Disbursement
Contribution

011
Category/
Type

Candidate Name
Timothy E. Scott

Office Sought: House Senate President
Disbursement For: 2010 Primary General Other (specify) ▼
State: SC District: 01

SUBTOTAL of Disbursements This Page (optional)

4500.00

TOTAL This Period (last page this line number only)

128000.00
