



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Association for Advanced Life Underwriting PAC (AALU PAC)**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value=""/>	<input type="text" value="102093.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="46724.13"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="76569.29"/>	<input type="text" value="502186.99"/>
(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="123293.42"/>	<input type="text" value="604280.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="31675.49"/>	<input type="text" value="512662.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="91617.93"/>	<input type="text" value="91617.93"/>
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)

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).....	69260	443235
(ii) Unitemized .....	2825	22525
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72085	465760
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	17000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	72085	482760
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	100
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000	4000
17. Other Federal Receipts (Dividends, Interest, etc.).....	3484.29	15326.99
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))..... ▶	76569.29	502186.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	76569.29	502186.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	2675.49	15762.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2675.49	15762.99
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	29000	495000
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	1900
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	1900
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	31675.49	512662.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	31675.49	512662.99

**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) .....	72085	482760
34. Total Contribution Refunds (from Line 28(d)) .....	0	1900
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	72085	480860
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	2675.49	15762.99
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	100
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	2675.49	15662.99

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 47
	<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)**

Full Name (Last, First, Middle Initial) <b>A. Paul Adams</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 15 / 2014 <b>Transaction ID : 2626-5525-c</b>
Mailing Address 15328 32nd Avenue SE		Amount of Each Receipt this Period 200
City Mill Creek	State WA	Zip Code 98012-8311
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Sound Financial Group	Occupation Financial Advisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400	

Full Name (Last, First, Middle Initial) <b>B. David R. Arndorfer</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : 162-5505-c</b>
Mailing Address 19339 SW Chesapeake Drive		Amount of Each Receipt this Period 1000
City Tualatin	State OR	Zip Code 97062-9779
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer John Hancock Life Ins.	Occupation Insurance Sales	
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. Rodney A. Bench</b>		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014 <b>Transaction ID : 16-5424-c</b>
Mailing Address 1520 38th Ave E		Amount of Each Receipt this Period 1000
City Seattle	State WA	Zip Code 98112
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Kibble & Prentice	Occupation Senior Managing Director	
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).....▶	2200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 47
	<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) <b>A. Robert P. Bishopp</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : 798-5442-c</b>
Mailing Address 705 W 7th Avenue		Amount of Each Receipt this Period 700 Contribution
City Spokane	State WA	Zip Code 99204-2836
FEC ID number of contributing federal political committee. C		
Name of Employer Northwestern Mutual	Occupation Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700	

Full Name (Last, First, Middle Initial) <b>B. William G. Borchert</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 <b>Transaction ID : 2480-5465-c</b>
Mailing Address 411 S State Street		Amount of Each Receipt this Period 1000 Contribution
City Newtown	State PA	Zip Code 18940-1990
FEC ID number of contributing federal political committee. C		
Name of Employer Integrated Financial	Occupation Financial Advisor	
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. Jennifer Borislow</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 21 / 2014 <b>Transaction ID : 3155-5529-c</b>
Mailing Address 1 Griffin Brook Dr		Amount of Each Receipt this Period 1200 Contribution
City Methuen	State MA	Zip Code 01844
FEC ID number of contributing federal political committee. C		
Name of Employer Borislow Insurance	Occupation Founder/Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2400	

<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: (check only one)	PAGE 8 OF 47
	<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. Jerry Borrowman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1436 E Bella Vie Ct  
 City Salt Lake Cty State UT Zip Code 84121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Life Insurance Occupation President, AS&PD  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 31 / 2014**  
**Transaction ID : 807-5503-c**  
 Amount of Each Receipt this Period **300**  
 Contribution

**B. Mike Brennan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 Flat Rock Road  
 City Fitchburg State MA Zip Code 01420-2276  
 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 ▼ **700**

Date of Receipt **10 / 28 / 2014**  
**Transaction ID : 3595-5458-c**  
 Amount of Each Receipt this Period **700**  
 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 Sagemark Consulting Occupation Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250**

Date of Receipt **10 / 16 / 2014**  
**Transaction ID : 3592-5439-c**  
 Amount of Each Receipt this Period **125**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1125.00</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 9 OF 47
	<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 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 Sagemark Consulting Occupation Wealth Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250

Date of Receipt 11 / 15 / 2014  
**Transaction ID : 3592-5526-c**  
 Amount of Each Receipt this Period 125  
 Contribution

**B. Lynn M. Butkus**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3270 NE Alameda Terrace  
 City Portland State OR Zip Code 97212-1634  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer M Benefit Solutions Occupation Vice President & Manager  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 21 / 2014  
**Transaction ID : 89-5443-c**  
 Amount of Each Receipt this Period 250  
 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 10 / 28 / 2014  
**Transaction ID : 2696-5456-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 875.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 47
	<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 Carroll**  
Full Name (Last, First, Middle Initial)

Mailing Address 131 Sumner St

City State Zip Code  
Newton MA 02459

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

Name of Employer Occupation  
Financial Architects Partner Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : 3607-5504-c**

Amount of Each Receipt this Period  
500

Contribution

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

Mailing Address 4020 Westchase Boulevard  
Suite 275

City State Zip Code  
Raleigh NC 27607-3932

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

Name of Employer Occupation  
Northwestern 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  
11 / 20 / 2014  
**Transaction ID : 199-5528-c**

Amount of Each Receipt this Period  
1000

Contribution

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

Mailing Address 328 W 34th Street

City State Zip Code  
Houston TX 77018-7612

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

Name of Employer Occupation  
Wealth Design Group Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2014  
**Transaction ID : 2816-5496-c**

Amount of Each Receipt this Period  
300

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 11 OF 47  
(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. David A. Culley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4187 Club Dr NE  
 City Atlanta State GA Zip Code 30319  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nease Lagana Eden & Culley Occupation Life Insurance Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 138-5478-c**  
 Amount of Each Receipt this Period 1500  
 Contribution

**B. Vincent M. D'Addona**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 Broadway, 37th Flr  
 City New York State NY Zip Code 10271  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Strategies For Wealth Occupation Life Insurance Sales  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4500

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 221-5466-c**  
 Amount of Each Receipt this Period 2500  
 Contribution

**C. Thomas Dee**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3 Cape Cod Lane  
 City Hingham State MA Zip Code 02043-4820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Architect Partners Occupation CFO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 11 / 03 / 2014  
**Transaction ID : 3614-5520-c**  
 Amount of Each Receipt this Period 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4500.00
<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 12 OF 47
	<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. Jennie Derby**  
Full Name (Last, First, Middle Initial)

Mailing Address 3246 Park Road

City Charlotte State NC Zip Code 28209-2004

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

Name of Employer Northwestern Mutual Occupation Wealth Management Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 24 / 2014**  
Transaction ID : **3593-5454-c**

Amount of Each Receipt this Period **500**

Contribution

**B. Patrick A. DiCerbo**  
Full Name (Last, First, Middle Initial)

Mailing Address 1201 Troy Schenectady Road Suite 120

City Latham State NY Zip Code 12110-1028

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

Name of Employer Northwestern Mutual Occupation Insurance Sales

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700**

Date of Receipt **10 / 28 / 2014**  
Transaction ID : **249-5460-c**

Amount of Each Receipt this Period **500**

Contribution

**C. Brigette DiNicola**  
Full Name (Last, First, Middle Initial)

Mailing Address 1115 South Street

City Needham State MA Zip Code 02492-2729

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

Name of Employer Financial Architects Partner Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **11 / 03 / 2014**  
Transaction ID : **3615-5521-c**

Amount of Each Receipt this Period **500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</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 47
	<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. Jeffrey C. Dollarhide**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9646 E Laurel Lane  
 City Scottsdale State AZ Zip Code 85260-5956  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MassMutual - Arizona Occupation CEO and Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 3201-5475-c**  
 Amount of Each Receipt this Period 500  
 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 ▼ 700

Date of Receipt 10 / 27 / 2014  
**Transaction ID : 271-5413-c**  
 Amount of Each Receipt this Period 700  
 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 ▼ 1200

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 277-5477-c**  
 Amount of Each Receipt this Period 700  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1900.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 14 OF 47  
(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. Robert E. Eichler**  
 Mailing Address 80 Windsor Gate Drive  
 City North Hills State NY Zip Code 11040-1063  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Occupation Financial Planner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 278-5423-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Rafael Ekstein**  
 Mailing Address 134 Broadway Suite 204  
 City Brooklyn State NY Zip Code 11249-6031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ekstein Financial Svcs Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **2000**

Date of Receipt **10 / 27 / 2014**  
**Transaction ID : 3165-5422-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Tracy B. Fitzsimmons**  
 Mailing Address 73 Main Street  
 City Dover State MA Zip Code 02030-2031  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Architect Partners Occupation Senior Vice President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500**

Date of Receipt **11 / 04 / 2014**  
**Transaction ID : 3057-5523-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **2000.00**  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 15 OF 47  
(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. Larry G. (Chris) Foster Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 10 Windrock Way

City Greensboro	State NC	Zip Code 27455-2258
--------------------	-------------	------------------------

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

Name of Employer Compensation Systems Inc.	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
10	/	31	/	2014

**Transaction ID : 314-5498-c**

Amount of Each Receipt this Period  

1000
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**Contribution**

**B. Sanford Goldstein**  
Full Name (Last, First, Middle Initial)

Mailing Address 37 Milton Court

City Port Chester	State NY	Zip Code 10573-3154
----------------------	-------------	------------------------

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

Name of Employer Penn Mutual	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	/	30	/	2014

**Transaction ID : 3597-5468-c**

Amount of Each Receipt this Period  

500
-----

**Contribution**

**C. A. Andra Grava**  
Full Name (Last, First, Middle Initial)

Mailing Address 40 E McDermott Drive

City Allen	State TX	Zip Code 75002-2802
---------------	-------------	------------------------

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

Name of Employer Ameritus	Occupation 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	/	30	/	2014

**Transaction ID : 3600-5482-c**

Amount of Each Receipt this Period  

1000
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**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: (check only one)	PAGE 16 OF 47
	<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. Joseph Guin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Olympia Fields Court  
 City Hawthorn Woods State IL Zip Code 60047-8439  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Guin Financial Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500**

Date of Receipt **10 / 26 / 2014**  
**Transaction ID : 3594-5455-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**B. Gordon E. Hammond**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 222 Merchant Street Suite 208  
 City Honolulu State HI Zip Code 96813-2912  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Carlson Hammond Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 29 / 2014**  
**Transaction ID : 3173-5463-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**C. John Hanson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 N Lynndale Drive  
 City Appleton State WI Zip Code 54914-3022  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Bramco Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250**

Date of Receipt **10 / 30 / 2014**  
**Transaction ID : 3598-5472-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1000.00</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 17 OF 47
<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. Travis Hart**  
Full Name (Last, First, Middle Initial)

Mailing Address 333 N Indian Hill Boulevard

City Claremont State CA Zip Code 91711-4612

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

Name of Employer Pacific Advisors Occupation Associate General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 3589-5428-c**

Amount of Each Receipt this Period **500**

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 ▼ **1500**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 2932-5445-c**

Amount of Each Receipt this Period **1500**

Contribution

**C. Eric J. Hieber**  
Full Name (Last, First, Middle Initial)

Mailing Address 7 Ramsbury Court

City Richmond State VA Zip Code 23238-5415

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

Name of Employer BCG Companies Occupation Director - Plan Design/Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750**

Date of Receipt **10 / 30 / 2014**  
**Transaction ID : 411-5479-c**

Amount of Each Receipt this Period **250**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2250.00</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 18 OF 47
	<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. 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 **400**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 3559-5452-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**B. Louis E. Hyman**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2360 W Joppa Road Suite 307  
 City Lutherville State MD Zip Code 21093-4639  
 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 **300**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 442-5450-c**  
 Amount of Each Receipt this Period **100**  
 Contribution

**C. Stephen E. Kairies**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6801 W 83rd Street  
 City Bloomington State MN Zip Code 55438-1262  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Access Financial Svcs., Inc. Occupation Founder/CFO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **900**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 468-5426-c**  
 Amount of Each Receipt this Period **900**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1200.00</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 19 OF 47
	<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. Jordon R. Katz**  
Full Name (Last, First, Middle Initial)

Mailing Address 1098 Saxony Drive

City Highland Park State IL Zip Code 60035-4010

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

Name of Employer J.R. Katz, Inc. Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **11 / 12 / 2014**

**Transaction ID : 3611-5513-c**

Amount of Each Receipt this Period **1500**

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 ▼ **950**

Date of Receipt **10 / 31 / 2014**

**Transaction ID : 490-5495-c**

Amount of Each Receipt this Period **750**

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 ▼ **1500**

Date of Receipt **10 / 29 / 2014**

**Transaction ID : 491-5464-c**

Amount of Each Receipt this Period **1500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>3750.00</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 20 OF 47
	<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. Kurtis L. Kidder**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 N Westshore Drive  
 City Chicago State IL Zip Code 60601-7287  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northwestern Mutual Occupation Estate & Business Planning Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1700

Date of Receipt 10 / 23 / 2014  
**Transaction ID : 494-5453-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**B. Brady C. Knight**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 Kirby Drive Suite 700  
 City Houston State TX Zip Code 77019-6042  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed Occupation Business Owner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000

Date of Receipt 10 / 31 / 2014  
**Transaction ID : 2724-5508-c**  
 Amount of Each Receipt this Period 2000  
 Contribution

**C. Bryan M. Krupin**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9665 Wilshire Boulevard Suite 430  
 City Beverly Hills State CA Zip Code 90212-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Krupin Partners LLC Occupation Managing Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 28 / 2014  
**Transaction ID : 523-5415-c**  
 Amount of Each Receipt this Period 500  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 47
	<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. Chau Lai**  
Full Name (Last, First, Middle Initial)

Mailing Address 2658 Del Mar Heights Road # 221

City Del Mar State CA Zip Code 92014-3100

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

Name of Employer Pacific Advisors Occupation CFP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2200**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : 2453-5480-c**

Amount of Each Receipt this Period **1000**

Contribution

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

Mailing Address 176 Painters Creek Rd

City Travelers Rest State SC Zip Code 29690

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

Name of Employer NFP Occupation Consulting

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **3500**

Date of Receipt **10 / 31 / 2014**

**Transaction ID : 541-5492-c**

Amount of Each Receipt this Period **1000**

Contribution

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

Mailing Address 520 Lake Cook Road Suite 600

City Deerfield State IL Zip Code 60015-4927

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

Name of Employer Levee Financial Group Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 3586-5417-c**

Amount of Each Receipt this Period **250**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>2250.00</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 22 OF 47
	<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. 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 ▼ **750**

Date of Receipt **10 / 23 / 2014**  
**Transaction ID : 547-5451-c**  
 Amount of Each Receipt this Period **250**  
 Contribution

**B. 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 ▼ **500**

Date of Receipt **11 / 05 / 2014**  
**Transaction ID : 549-5488-c**  
 Amount of Each Receipt this Period **500**  
 Contribution

**C. Burns M. Lowry**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 13631 Deering Bay Drive Apt. 218  
 City Coral Gables State FL Zip Code 33158-2810  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Jones Lowry Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1200**

Date of Receipt **10 / 30 / 2014**  
**Transaction ID : 572-5471-c**  
 Amount of Each Receipt this Period **1200**  
 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 23 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. William 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 / 23 / 2014  
**Transaction ID : 575-5429-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 ▼ 500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2014  
**Transaction ID : 577-5425-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**C. 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 ▼ 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 10 / 31 / 2014  
**Transaction ID : 583-5489-c**  
 Amount of Each Receipt this Period  
 2000  
 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 24 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Dennis 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 ▼ 1500

Date of Receipt 11 / 03 / 2014  
**Transaction ID : 589-5484-c**  
 Amount of Each Receipt this Period 500  
 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 ▼ 1200

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 600-5470-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**C. Eileen C. McDonnell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 179 Ash Way  
 City Doylestown State PA Zip Code 18901-2203  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Occupation President and CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000

Date of Receipt 10 / 28 / 2014  
**Transaction ID : 2829-5419-c**  
 Amount of Each Receipt this Period 5000  
 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 25 OF 47
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. Patrick J. McNamara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6461 Warren Road  
 City Ann Arbor State MI Zip Code 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**

Date of Receipt **11 / 12 / 2014**  
**Transaction ID : 612-5524-c**  
 Amount of Each Receipt this Period **1500**  
 Contribution

**B. Brad Morgan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2101 E Coast Highway Suite 120  
 City Corona Del Mar State CA Zip Code 92625-1970  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morgan Advisory Group Occupation Partner  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **10 / 20 / 2014**  
**Transaction ID : 3585-5414-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

**C. John T. Mulheran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10553 Hyde Park  
 City Carmel State IN Zip Code 46032-8300  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Highland Capital Brokerage Occupation President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1200**

Date of Receipt **10 / 30 / 2014**  
**Transaction ID : 658-5473-c**  
 Amount of Each Receipt this Period **1200**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3700.00</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 26 OF 47
	<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) <b>A. Jeffrey Ostrum</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014 <b>Transaction ID : 3612-5518-c</b>
Mailing Address 1700 Isabel Drive		Amount of Each Receipt this Period 1000
City San Jose	State CA	Zip Code 95125-5244
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Financial Architect Partners	Occupation Executive Vice President	
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. Michael F. Padon</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2014 <b>Transaction ID : 686-5433-c</b>
Mailing Address 5321 Longmont Drive		Amount of Each Receipt this Period 500
City Houston	State TX	Zip Code 77056-2338
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer The Longmont Group	Occupation Agent	
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. Jerome Pasichow</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 01 / 2014 <b>Transaction ID : 3553-5511-c</b>
Mailing Address 8 Colt Court		Amount of Each Receipt this Period 100
City East Brunswick	State NJ	Zip Code 08816-4549
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Guardian	Occupation Associate	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1600.00
<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 27 OF 47
	<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 / 28 / 2014**

**Transaction ID : 2482-5459-c**

Amount of Each Receipt this Period **500**

Contribution

Full Name (Last, First, Middle Initial)  
**B. Anthony M. Perricelli**

Mailing Address 444 Liberty Ave, Suite 750  
4 Gateway Center

City Pittsburgh State PA Zip Code 15222

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

Name of Employer Gateway Financial Occupation Principal

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : 707-5481-c**

Amount of Each Receipt this Period **500**

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 ▼ **1000**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 709-5448-c**

Amount of Each Receipt this Period **500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1500.00</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 28 OF 47
	<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. 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 ▼ **1000**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 1113-5446-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 210 Park Ave, Suite 101

City Florham Park State NJ Zip Code 07932

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

Name of Employer Penn Mutual Occupation Managing Partner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250**

Date of Receipt **10 / 31 / 2014**

**Transaction ID : 3606-5501-c**

Amount of Each Receipt this Period **250**

Contribution

**C. Joseph P. Pombriant**  
Full Name (Last, First, Middle Initial)

Mailing Address 600 Kearsarge Way

City Portsmouth State NH Zip Code 03801-3426

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

Name of Employer Alacrity Financial Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **10 / 30 / 2014**

**Transaction ID : 723-5474-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 29 OF 47
	<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 M. Qualy**  
Full Name (Last, First, Middle Initial)

Mailing Address 13 Brentmoor Park

City Clayton State MO Zip Code 63105

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

Name of Employer Northwestern Mutual Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 144-5447-c**

Amount of Each Receipt this Period **1000**

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 **10 / 31 / 2014**

**Transaction ID : 1144-5497-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 2 Park Avenue # 3001

City New York State NY Zip Code 10016-5675

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

Name of Employer Rosenzweig Financial Services Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **750**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 773-5449-c**

Amount of Each Receipt this Period **250**

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 30 OF 47
	<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. Jacob Safrin**  
Full Name (Last, First, Middle Initial)

Mailing Address 1507 Route 202

City Pomona State NY Zip Code 10970-2927

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

Name of Employer Safrin Associates Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **10 / 23 / 2014**

**Transaction ID : 3588-5421-c**

Amount of Each Receipt this Period **500**

Contribution

**B. Kenneth R. Samuelson**  
Full Name (Last, First, Middle Initial)

Mailing Address 1432 Ferncliff Road

City Charlotte State NC Zip Code 28211-2221

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

Name of Employer The Morehead Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1760**

Date of Receipt **10 / 31 / 2014**

**Transaction ID : 859-5499-c**

Amount of Each Receipt this Period **760**

Contribution

**C. William R. Sapers**  
Full Name (Last, First, Middle Initial)

Mailing Address 275 Washington Street Suite 205

City Newton State MA Zip Code 02458-1630

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

Name of Employer Sapers & Wallack, Inc. Occupation Chairman

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1250**

Date of Receipt **10 / 21 / 2014**

**Transaction ID : 862-5432-c**

Amount of Each Receipt this Period **500**

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1760.00</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 31 OF 47
	<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. Thomas J. Scalici**

Mailing Address 221 N 28th Street

City Allentown State PA Zip Code 18104-5339

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

Name of Employer Cornerstone Inst. Investors Occupation CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2400**

Date of Receipt  
 /  /   
**Transaction ID : 1099-5490-c**

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)  
**B. Chet E. Schwartz**

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 ▼ **3500**

Date of Receipt  
 /  /   
**Transaction ID : 142-5416-c**

Amount of Each Receipt this Period

Contribution

Full Name (Last, First, Middle Initial)  
**c. Joel A. Shapiro**

Mailing Address 120 Broadway Floor 37

City New York State NY Zip Code 10271-0014

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

Name of Employer Bartmon, Shapiro & Associates Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **450**

Date of Receipt  
 /  /   
**Transaction ID : 889-5486-c**

Amount of Each Receipt this Period

Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="3450.00"/>
<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 32 OF 47
	<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. Harry A. Shepler</b>		Date of Receipt 10 / 31 / 2014 <b>Transaction ID : 2799-5502-c</b>
Mailing Address 169 S River Road		Amount of Each Receipt this Period 500
City Bedford	State NH	Zip Code 03110-6971
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Guardian Life	Occupation Founder and Managing Partner	
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. Michael I. Silverberg</b>		Date of Receipt 10 / 28 / 2014 <b>Transaction ID : 904-5438-c</b>
Mailing Address 358 Cosey Beach Avenue		Amount of Each Receipt this Period 200
City East Haven	State CT	Zip Code 06512-4616
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Michael I. Silverberg, LLC	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400	

Full Name (Last, First, Middle Initial) <b>C. Ellen Singer</b>		Date of Receipt 10 / 31 / 2014 <b>Transaction ID : 3153-5507-c</b>
Mailing Address 372 Central Park W Apt. 2D		Amount of Each Receipt this Period 1500
City New York	State NY	Zip Code 10025-8202
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Northwestern Mutual	Occupation Financial Representative	
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).....▶	2200.00
<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 33 OF 47
	<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) <b>A. Rick Thomas</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 16 / 2014 <b>Transaction ID : 970-5434-c</b>
Mailing Address 16404 Avila Boulevard		Amount of Each Receipt this Period 1000
City Tampa	State FL	Zip Code 33613-1033
FEC ID number of contributing federal political committee.	C	
Name of Employer Thomas Financial Group	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	
Contribution		

Full Name (Last, First, Middle Initial) <b>B. Jeri L. Turley</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 31 / 2014 <b>Transaction ID : 988-5500-c</b>
Mailing Address 13511 Split Creek Drive		Amount of Each Receipt this Period 500
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	
Contribution		

Full Name (Last, First, Middle Initial) <b>C. Paul E. Vignone</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014 <b>Transaction ID : 1003-5461-c</b>
Mailing Address 214 Cedar Avenue		Amount of Each Receipt this Period 300
City Allenhurst	State NJ	Zip Code 07711-1106
FEC ID number of contributing federal political committee.	C	
Name of Employer Penn Mutual	Occupation Insurance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1300	
Contribution		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1800.00
<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 34 OF 47
<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. Peter M. Viliesis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10809 Canfield Drive  
 City Austin State TX Zip Code 78739-1977  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Executive Benefits Guy Occupation Insurance Broker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 10 / 30 / 2014  
**Transaction ID : 1004-5469-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. Melvin A. Warshaw**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 85 Grove Street Apt. 209  
 City Wellesley State MA Zip Code 02482-7823  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Architect Partners Occupation Sr VP-Advisor Relations/Gen. Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 11 / 03 / 2014  
**Transaction ID : 2669-5517-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**C. John C. Watson III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3816 N Elm Street Suite A  
 City Greensboro State NC Zip Code 27455-2776  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Occupation Financial Advisor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500

Date of Receipt 10 / 22 / 2014  
**Transaction ID : 1017-5444-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: (check only one)	PAGE 35 OF 47
	<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 Wickersham**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1103 Rutherford Way  
 City Highlands Ranch State CO Zip Code 80126-4763  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Leaders Group Occupation CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 28 / 2014  
**Transaction ID : 3587-5420-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**B. Richard D. Worrell**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 54 Irving Avenue  
 City Providence State RI Zip Code 02906-4141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Financial Architect Partners Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 11 / 10 / 2014  
**Transaction ID : 3610-5512-c**  
 Amount of Each Receipt this Period 500  
 Contribution

**c. Stuart L. Youngentob**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 11710 Slatestone Court  
 City Potomac State MD Zip Code 20854-2099  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Arkin, Youngentob & Assoc. Occupation Life Insurance Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500

Date of Receipt 10 / 31 / 2014  
**Transaction ID : 1059-5491-c**  
 Amount of Each Receipt this Period 300  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 36 OF 47
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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

**A. William Zimmerman**  
Full Name (Last, First, Middle Initial)

Mailing Address 11512 El Camino Real  
Suite 100

City San Diego State CA Zip Code 92130-2087

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

Name of Employer LifePro Financial Services Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1450

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 17 / 2014

**Transaction ID : 3146-5430-c**

Amount of Each Receipt this Period  
250

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	69260.00

**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 37 OF 47
<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 ▼  
15326.99

Date of Receipt  
10 / 16 / 2014  
**Transaction ID : 1186-5435-m**  
Amount of Each Receipt this Period  
808.8  
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 ▼  
15326.99

Date of Receipt  
11 / 17 / 2014  
**Transaction ID : 1186-5532-m**  
Amount of Each Receipt this Period  
2675.49  
PAC Merchant Fee Reimbursement

**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).....▶	3484.29
<b>TOTAL</b> This Period (last page this line number only).....▶	3484.29

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

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

FOR LINE NUMBER: PAGE 38 OF 47  
(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)**

Full Name (Last, First, Middle Initial)  
**A. Holding Onto Oregon's Priorities PAC**

Mailing Address PO Box 3314

City Portland State OR Zip Code 97208-3314

FEC ID number of contributing federal political committee. **C** C00392738

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 10 / 16 / 2014  
**Transaction ID : 5436000**

Amount of Each Receipt this Period  
 1000

Contribution Refund

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

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

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

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).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1000.00

**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

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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
11			04			2014			

**Transaction ID : SB21B-3119-5533-e**

Amount of Each Disbursement this Period

40.2
------

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

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			2014			

**Transaction ID : SB21B-3096-5534-e**

Amount of Each Disbursement this Period

2635.29
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

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

2675.49
---------

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

2675.49
---------

**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  
State: AL District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

**Transaction ID : SB23-3396-5396-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. CMR Political Action Committee**

Mailing Address PO Box 2485

City State Zip Code  
Springfield VA 22152-0485

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

**Transaction ID : SB23-3581-5399-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Collins For Senator**

Mailing Address PO Box 1096

City State Zip Code  
Bangor ME 04402-1096

Purpose of Disbursement  
Contribution

011

Candidate Name

**Susan M. Collins**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: ME District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

**Transaction ID : SB23-1952-5395-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
---------

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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. 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: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			17			2014			

**Transaction ID : SB23-3542-5514-e**

Amount of Each Disbursement this Period

500
-----

Full Name (Last, First, Middle Initial)

**B. Cory Booker For Senate**

Mailing Address PO Box 32237

City Newark State NJ Zip Code 07102-0637

Purpose of Disbursement  
Contribution

011

Candidate Name

**Cory A. Booker**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23-3373-5404-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Devin Nunes Campaign Committee**

Mailing Address PO Box 6545

City Visalia State CA Zip Code 93290-6545

Purpose of Disbursement  
Contribution

011

Candidate Name

**Devin G. Nunes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 22

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23-2617-5408-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)..... ▶

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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. Friends of Dan Maffei**

Mailing Address PO Box 230

City Syracuse State NY Zip Code 13201-0230

Purpose of Disbursement  
Contribution

011

Candidate Name

**Daniel Benjamin Maffei**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 25

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23-2359-5410-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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23-2336-5409-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Friends of Elizabeth Esty**

Mailing Address PO Box 61

City Cheshire State CT Zip Code 06410-0061

Purpose of Disbursement  
Contribution

011

Candidate Name

**Elizabeth Esty**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CT District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

**Transaction ID : SB23-3371-5406-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)..... ▶

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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. Friends of Mia Love**

Mailing Address PO Box 255

City Riverton State UT Zip Code 84065-0255

Purpose of Disbursement Contribution

011

Candidate Name

**Mia Love**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: UT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	4

**Transaction ID : SB23-3583-5411-e**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Friends of Patrick Murphy**

Mailing Address 4521 Pga Boulevard # 412

City Palm Beach Gardens State FL Zip Code 33418-3997

Purpose of Disbursement Contribution

011

Candidate Name

**Patrick Murphy**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: FL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	4

**Transaction ID : SB23-3390-5402-e**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. 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: 2014  
 Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	6		2	0	1	4

**Transaction ID : SB23-3398-5441-e**

Amount of Each Disbursement this Period

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

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

2	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

### A. Huizenga For Congress

Mailing Address 441 Williams Court

City Zeeland State MI Zip Code 49464-1509

Purpose of Disbursement  
Contribution

011

Candidate Name

**William P. Huizenga**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MI District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	1		2	0	1	4

Transaction ID : SB23-2773-5397-e

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	0		2	8		2	0	1	4

Transaction ID : SB23-2748-5405-e

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

### C. Mike Crapo For US Senate

Mailing Address PO Box 1948

City Boise State ID Zip Code 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	/	D	D	/	Y	Y	Y	Y
1	1		1	7		2	0	1	4

Transaction ID : SB23-1207-5515-e

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

5	5	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

**Association for Advanced Life Underwriting PAC (AALU PAC)**

Full Name (Last, First, Middle Initial)

**A. Mulvaney For Congress**

Mailing Address PO Box 1975

City Lancaster State SC Zip Code 29721-1975

Purpose of Disbursement Contribution

011

Candidate Name

**John Michael 'Mick' Mulvaney**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: SC District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : SB23-2676-5401-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. MurphPAC**

Mailing Address 410 1st Street SE Floor 3

City Washington State DC Zip Code 20003-1866

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : SB23-3312-5398-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Pat Roberts for US Senate**

Mailing Address PO Box 433

City Great Bend State KS Zip Code 67530-0433

Purpose of Disbursement 2014 General Debt Retirement

011

Candidate Name

**Pat Roberts**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: KS District: Retire Debt - G2014

Date of Disbursement

MM / DD / YYYY  
11 / 17 / 2014

**Transaction ID : SB23-1218-5516-e**

Amount of Each Disbursement this Period

1000

**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:  
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<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. Republicans Inspiring Success & Empowerment Project**

Mailing Address PO Box 2485

City Springfield State VA Zip Code 22152-0485

Purpose of Disbursement  
Contribution to JFC

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : SB23-3582-5403-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Rounds For Senate**

Mailing Address PO Box 250  
223 E Capitol Ave

City Pierre State SD Zip Code 57501-0250

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**Marion M. Rounds**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

MM / DD / YYYY  
10 / 21 / 2014

**Transaction ID : SB23-3317-5400-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Ryan Costello For Congress**

Mailing Address PO Box 3154

City West Chester State PA Zip Code 19381-3154

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

**Ryan A. Costello**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

MM / DD / YYYY  
10 / 28 / 2014

**Transaction ID : SB23-3521-5407-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. Support To Ensure Victory Everywhere PAC-STEVE PAC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		06		2014

Mailing Address 228 S Washington Street  
Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement  
Contribution

011
Category/ Type

**Transaction ID : SB23-3591-5440-e**

Amount of Each Disbursement this Period

2500
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Candidate Name

Office Sought:  House  Senate  President  
 Disbursement For: 2014  Primary  General  Other (specify) ▼  
 State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

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

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

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

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

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

2500.00
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29000.00
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