



**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="2013"/>		223220.52
(b) Cash on Hand at Beginning of Reporting Period.....	116759.26	
(c) Total Receipts (from Line 19) .....	73311.53	520210.34
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	190070.79	743430.86
7. Total Disbursements (from Line 31).....	87976.86	641336.93
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	102093.93	102093.93
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0	

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

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

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).....	66400	464500
(ii) Unitemized .....	5700	27105
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	72100	491605
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	12500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	72100	504105
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	149.8
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	6500
17. Other Federal Receipts (Dividends, Interest, etc.).....	1211.53	9455.54
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))..... ▶	73311.53	520210.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	73311.53	520210.34

**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 .....	676.86	13836.93
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	676.86	13836.93
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	85900	626100
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 .....	1400	1400
(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)).....	1400	1400
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)) ..	87976.86	641336.93
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	87976.86	641336.93

**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) .....	72100	504105
34. Total Contribution Refunds (from Line 28(d)) .....	1400	1400
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	70700	502705
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	676.86	13836.93
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	149.8
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	676.86	13687.13

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

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

FOR LINE NUMBER: PAGE 6 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Full Name (Last, First, Middle Initial)  
**A. Glenn J. Arons**

Mailing Address 14710 Pettit Way

City Potomac State MD Zip Code 20854-6015

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

Name of Employer Arons & Associates Occupation Principal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 12 / 26 / 2013  
**Transaction ID : 164-4578-c**

Amount of Each Receipt this Period  
 1000

Contribution

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

Mailing Address 28 Royal Grove

City Irvine State CA Zip Code 92620

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

Name of Employer MBS Financial Occupation Executive Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 3000

Date of Receipt  
 12 / 01 / 2013  
**Transaction ID : 186-4599-c**

Amount of Each Receipt this Period  
 2000

Contribution

Full Name (Last, First, Middle Initial)  
**c. John M. Barry**

Mailing Address 1100 Kenilworth Avenue  
 Suite 110

City Charlotte State NC Zip Code 28204-2985

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

Name of Employer Barry, Evans, Josephs & Snipes Occupation Principal

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 500

Date of Receipt  
 12 / 20 / 2013  
**Transaction ID : 193-4579-c**

Amount of Each Receipt this Period  
 300

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 53
	<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. Rodney A. Bench**  
Full Name (Last, First, Middle Initial)

Mailing Address 1520 38th Ave E

City Seattle State WA Zip Code 98112

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

Name of Employer Kibble & Prentice Occupation Senior Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **11 / 22 / 2013**

**Transaction ID : 16-4546-c**

Amount of Each Receipt this Period **1000**

Contribution

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

Mailing Address 516 N Armour Street

City Chicago State IL Zip Code 60642-6104

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

Name of Employer Executive Planning Inc. Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **12 / 26 / 2013**

**Transaction ID : 788-4577-c**

Amount of Each Receipt this Period **2000**

Contribution

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

Mailing Address 107 Worths Mill Lane

City Princeton State NJ Zip Code 08540-7328

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

Name of Employer Northwestern Mutual Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt **11 / 14 / 2013**

**Transaction ID : 3301-4530-c**

Amount of Each Receipt this Period **200**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3200.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Stephen Bowman**  
Full Name (Last, First, Middle Initial)

Mailing Address 738 N Wilson Avenue

City Rice Lake State WI Zip Code 54868-1621

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

Name of Employer Valmark Securities Occupation Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **11 / 18 / 2013**

**Transaction ID : 3123-4540-c**

Amount of Each Receipt this Period **300**

Contribution

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

Mailing Address 1711 Deer Creek Lane

City Saint Louis State MO Zip Code 63124-1445

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 2696-4610-c**

Amount of Each Receipt this Period **1500**

Contribution

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

Mailing Address 948 N East Avenue

City Oak Park State IL Zip Code 60302-1330

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

Name of Employer Larry Gordon Agency Inc. Occupation General Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5400**

Date of Receipt **12 / 18 / 2013**

**Transaction ID : 2718-4593-c**

Amount of Each Receipt this Period **400**

Refunded On 1/29/2014

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>2200.00</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 53
	<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. Joseph L. Carpenter Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1460 Willowbrooke Circle  
 City Franklin State TN Zip Code 37069-7200  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NFP Executive Benefits Occupation Insurance  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **2500**

Date of Receipt **12 / 10 / 2013**  
**Transaction ID : 2436-4603-c**  
 Amount of Each Receipt this Period **2000**  
 Contribution

**B. Constance Carroll**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 601 Union Street Suite 3212  
 City Seattle State WA Zip Code 98101-3949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The Lyman Group Occupation Financial Services  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **950**

Date of Receipt **12 / 30 / 2013**  
**Transaction ID : 3454-4590-c**  
 Amount of Each Receipt this Period **950**  
 Contribution

**C. William A. Cassidy**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2507 W Prospect Road  
 City Tampa State FL Zip Code 33629-5355  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Cassidy & Company, LLC Occupation Financial Professional  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000**

Date of Receipt **12 / 30 / 2013**  
**Transaction ID : 65-4620-c**  
 Amount of Each Receipt this Period **1000**  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>3950.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 10 OF 53  
(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. Thomas E. Daley**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 55 Forrest Hills Drive  
 City Voorhees State NJ Zip Code 08043-3900  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Penn Mutual Occupation Regional Director  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **400**

Date of Receipt **12 / 20 / 2013**  
**Transaction ID : 223-4618-c**  
 Amount of Each Receipt this Period **200**  
 Contribution

**B. Darrell L. Dawes**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9211 Hunterboro Drive  
 City Brentwood State TN Zip Code 37027-6111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Peachtree Planning of TN Occupation General Agent  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1200**

Date of Receipt **12 / 30 / 2013**  
**Transaction ID : 2877-4582-c**  
 Amount of Each Receipt this Period **1200**  
 Contribution

**C. Anthony C. DeBruyn**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6708 Glenhurst Dr  
 City Dallas State TX Zip Code 75254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Capital Plan, Inc. Occupation CEO & President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **1500**

Date of Receipt **12 / 31 / 2013**  
**Transaction ID : 234-4585-c**  
 Amount of Each Receipt this Period **1500**  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **2900.00**  
**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 11 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

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

Mailing Address 15 Honeysuckle Drive

City State Zip Code  
 Trenton NJ 08691-1621

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

Name of Employer Occupation  
 New Jersey Life & Casualty Owner/Insurance Sales

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 266-4609-c**

Amount of Each Receipt this Period  
 1000

Contribution

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

Mailing Address 1345 W Lake Colony Drive

City State Zip Code  
 Maitland FL 32751-6122

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

Name of Employer Occupation  
 SmartWealth, Inc. Financial Services

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 27 / 2013  
**Transaction ID : 284-4553-c**

Amount of Each Receipt this Period  
 800

Contribution

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

Mailing Address 2016 Eagle Pointe

City State Zip Code  
 Palm Harbor FL 34685-3339

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

Name of Employer Occupation  
 Feldman Financial Group Life Insurance Agent

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1200

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : 297-4606-c**

Amount of Each Receipt this Period  
 1200

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 3000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 53
	<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. Steven A. Ferrara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 Raritan Road  
 City Cranford State NJ Zip Code 07016-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Northeast Planning Corp. Occupation Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2013  
**Transaction ID : 3216-4521-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

**B. Michael Flood**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2200 N Westmoreland Street Unit 314  
 City Arlington State VA Zip Code 22213-1048  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AALU Occupation VP of Advocacy and Corp. Part.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 20 / 2013  
**Transaction ID : 3228-4626-c**  
 Amount of Each Receipt this Period  
 2500  
 Contribution

**c. 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 ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 19 / 2013  
**Transaction ID : 314-4607-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) <b>A. D. John Gagnon</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 25 / 2013 <b>Transaction ID : 3190-4547-c</b>
Mailing Address 2 Haven Street Unit 307		Amount of Each Receipt this Period 1200
City Reading	State MA	Zip Code 01867-2961
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer GW Financial	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200	

Full Name (Last, First, Middle Initial) <b>B. Michael Gisonda</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : 3181-4535-c</b>
Mailing Address 100 W Cypress Creek Road # S960		Amount of Each Receipt this Period 500
City Fort Lauderdale	State FL	Zip Code 33309-2181
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer The Bridge Group	Occupation President	
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>C. Michael G. Goldstein</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 09 / 2013 <b>Transaction ID : 350-4604-c</b>
Mailing Address 2011 Yacht Mischief		Amount of Each Receipt this Period 500
City Newport Beach	State CA	Zip Code 92660-6713
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Summit Alliance Exec Ben	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

<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: PAGE 14 OF 53  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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

Full Name (Last, First, Middle Initial)  
**A. Thomas H. Harris**

Mailing Address 26 Deer Path Road

City Doylestown      State PA      Zip Code 18901-3142

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

Name of Employer Penn Mutual Life Insurance      Occupation Sr Vice President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**12 / 05 / 2013**  
**Transaction ID : 2484-4619-c**

Amount of Each Receipt this Period  
**500**

Contribution

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

Mailing Address 9300 Underwood Avenue Suite 500

City Omaha      State NE      Zip Code 68114-2690

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

Name of Employer Northwestern Mutual      Occupation Financial Representative

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt  
**11 / 21 / 2013**  
**Transaction ID : 3194-4517-c**

Amount of Each Receipt this Period  
**1000**

Contribution

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

Mailing Address 8401 N Central Expway Suite 645

City Dallas      State TX      Zip Code 75225

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

Name of Employer Healy Partners      Occupation Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
**11 / 11 / 2013**  
**Transaction ID : 393-4525-c**

Amount of Each Receipt this Period  
**1500**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **3000.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 53
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

**A. Thomas J. Henske**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10 Poplar Plains Road  
 City Westport State CT Zip Code 06880-1041  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Lenox Advisors Occupation Partner  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 11 / 22 / 2013  
**Transaction ID : 3255-4545-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

**B. Joseph M. Ivceвич**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7556 Morningside Drive  
 City Indianapolis State IN Zip Code 46240-2859  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ivceвич Consulting Group Occupation Registered Representative  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1200

Date of Receipt 12 / 06 / 2013  
**Transaction ID : 447-4565-c**  
 Amount of Each Receipt this Period 200  
 Contribution

**C. Michael V. James**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 68 North Avenue  
 City Norwood State MA Zip Code 02062-1443  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer NFP Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 12 / 30 / 2013  
**Transaction ID : 1135-4612-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

<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: PAGE 17 OF 53  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

Full Name (Last, First, Middle Initial)  
**A. Michael B. Kentor**  
 Mailing Address 114 W 7th Street  
 Suite 700  
 City State Zip Code  
 Austin TX 78701-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Kentor Company 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  
 12 / 27 / 2013  
**Transaction ID : 490-4611-c**  
 Amount of Each Receipt this Period  
 2300  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. John S. Kerr**  
 Mailing Address 11 Donnelly Dr  
 City State Zip Code  
 Dover MA 02030  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Bay Financial Associates 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  
 12 / 23 / 2013  
**Transaction ID : 491-4624-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. Michael J. Krupin**  
 Mailing Address 9665 Wilshire Boulevard  
 Suite 801  
 City State Zip Code  
 Beverly Hills CA 90212-2315  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Gilbert - Krupin Life Insurance Agent  
 Receipt For:  
 Primary    General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 18 / 2013  
**Transaction ID : 524-4623-c**  
 Amount of Each Receipt this Period  
 5000  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 7800.00  
**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 18 OF 53  
(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. Sidney Levine**  
 Mailing Address 325 N Williamson Boulevard  
 Suite 120  
 City State Zip Code  
 Daytona Beach FL 32114-8172  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Executive Compensation Group President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1550

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 21 / 2013  
**Transaction ID : 549-4518-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

Full Name (Last, First, Middle Initial)  
**B. Larry E. Lucco**  
 Mailing Address 120 Executive Drive  
 City State Zip Code  
 Highland IL 62249-1269  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Lucco Financial Partners President/CEO  
 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 / 26 / 2013  
**Transaction ID : 1168-4520-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

Full Name (Last, First, Middle Initial)  
**C. David McAvoy**  
 Mailing Address 1 Beacon Street  
 Floor 25  
 City State Zip Code  
 Boston MA 02108-3141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northwestern Mutual Financial Services  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 800

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2013  
**Transaction ID : 3446-4539-c**  
 Amount of Each Receipt this Period  
 800  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2800.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Anthony Mento**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 43 Mardor Avenue  
 City Hammonton State NJ Zip Code 08037-1968  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LIFE Brokerage LLC Occupation President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 27 / 2013  
**Transaction ID : 3064-4591-c**  
 Amount of Each Receipt this Period 2300  
 Contribution

**B. Michael A. Mingolelli Jr.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 170 Benvenue Street  
 City Wellesley State MA Zip Code 02482-7111  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Pinnacle Financial Group Occupation Insurance Broker/Consultant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 29 / 2013  
**Transaction ID : 637-4554-c**  
 Amount of Each Receipt this Period 1400  
 Contribution

**c. Deborah L. O'Neil**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1800 Glenarm Pl Suite 900  
 City Denver State CO Zip Code 80202  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Access Equity Management Occupation Producer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2013  
**Transaction ID : 683-4586-c**  
 Amount of Each Receipt this Period 1000  
 Contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4700.00
<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 20 OF 53  
(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. Nicholas R. Palumbo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Catherine Place  
 City State Zip Code  
 Katonah NY 10536-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Opus Advisory Group LLC President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 06 / 2013  
**Transaction ID : 2353-4551-c**  
 Amount of Each Receipt this Period  
 1000  
 Contribution

**B. Nicholas R. Palumbo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 Catherine Place  
 City State Zip Code  
 Katonah NY 10536-3002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Opus Advisory Group LLC President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 18 / 2013  
**Transaction ID : 2353-4552-c**  
 Amount of Each Receipt this Period  
 -1000  
 Return

**C. William Luther Pierce IV**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2313 Danbury Road  
 City State Zip Code  
 Greensboro NC 27408-5123  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Plybon & Associates President  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 700

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 13 / 2013  
**Transaction ID : 2441-4527-c**  
 Amount of Each Receipt this Period  
 500  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 53
	<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. Jason D. Prather**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 Longway Drive

City Little Rock State AR Zip Code 72223-9531

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

Name of Employer Legacy Capital Group Occupation Fin. Svcs. and Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **11 / 18 / 2013**

**Transaction ID : 2440-4519-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 41 W 58th Street

City New York State NY Zip Code 10019-1617

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

Name of Employer National Madison Group, Inc. Occupation Life Insurance Agent

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 740-4622-c**

Amount of Each Receipt this Period **1000**

Contribution

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

Mailing Address 2439 Glencoe Avenue

City Venice State CA Zip Code 90291-5002

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

Name of Employer Self Occupation Financial Advisor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 1144-4625-c**

Amount of Each Receipt this Period **1000**

Contribution

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 53
	<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. Marguerite Rangel**  
Full Name (Last, First, Middle Initial)

Mailing Address 2439 Glencoe Avenue

City Venice State CA Zip Code 90291-5002

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

Name of Employer Self Occupation Financial Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 1144-4629-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 10045 Surrey Oaks Drive

City Dallas State TX Zip Code 75229-6538

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

Name of Employer IPS Advisors, Inc. Occupation Managing Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **12 / 27 / 2013**

**Transaction ID : 856-4615-c**

Amount of Each Receipt this Period **500**

Contribution

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

Mailing Address 115 Bellevue Street

City Newton State MA Zip Code 02458-1920

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

Name of Employer Sapers & Wallack, Inc. Occupation CEO - Sales & Mgt

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt **12 / 19 / 2013**

**Transaction ID : 861-4630-c**

Amount of Each Receipt this Period **200**

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: PAGE 23 OF 53  
(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. Howard Silverman**

Mailing Address 3 Bala Plaza E  
Suite 504

City Bala Cynwyd State PA Zip Code 19004-3410

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

Name of Employer Arborhsa LLC Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500

Date of Receipt  
12 / 19 / 2013  
**Transaction ID : 905-4598-c**

Amount of Each Receipt this Period  
500

Contribution

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

Mailing Address 268 Willoughby Avenue

City Brooklyn State NY Zip Code 11205-1415

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

Name of Employer Simkowitz Co. Occupation Founder/President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000

Date of Receipt  
11 / 26 / 2013  
**Transaction ID : 3167-4549-c**

Amount of Each Receipt this Period  
1000

Contribution

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

Mailing Address 372 Central Park W  
Apt. 2D

City New York State NY Zip Code 10025-8202

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

Name of Employer Northwestern Mutual Occupation Financial Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500

Date of Receipt  
12 / 16 / 2013  
**Transaction ID : 3153-4594-c**

Amount of Each Receipt this Period  
2500

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 4000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 53
	<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. Lee J. Slavutin</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 18 / 2013 <b>Transaction ID : 910-4541-c</b>
Mailing Address 100 Riverside Drive Apt. 15D		Amount of Each Receipt this Period 1000
City New York	State NY	Zip Code 10024-4822
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Stern Slavutin-2, Inc.	Occupation Chairman of the Board	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200	

Full Name (Last, First, Middle Initial) <b>B. Richard Tanner</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : 954-4534-c</b>
Mailing Address 6100 Oak Tree Boulevard Suite 420		Amount of Each Receipt this Period 500
City Cleveland	State OH	Zip Code 44131-6915
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Ownership Advisors, Inc.	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500	

Full Name (Last, First, Middle Initial) <b>C. Leo Tucker</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : 2458-4538-c</b>
Mailing Address 605 Potomac River Road		Amount of Each Receipt this Period 850
City McLean	State VA	Zip Code 22102-1402
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Northwestern Mutual	Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 850	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2350.00
<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 53
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

Full Name (Last, First, Middle Initial) <b>A. Dexter S. Umekubo</b>		Date of Receipt M M / D D / Y Y Y Y Y 11 / 14 / 2013 <b>Transaction ID : 2917-4529-c</b>
Mailing Address 2105 E Crawford Place		Amount of Each Receipt this Period 700
City Salina      State KS      Zip Code 67401-3719	Contribution	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer Producers XL      Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950	

Full Name (Last, First, Middle Initial) <b>B. Paul T. Vecchione</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 31 / 2013 <b>Transaction ID : 999-4613-c</b>
Mailing Address 6 Matthews Farm Road		Amount of Each Receipt this Period 1000
City Belle Mead      State NJ      Zip Code 08502-5329	Contribution	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer PDK Financial Group      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. Jimmy Waggoner</b>		Date of Receipt M M / D D / Y Y Y Y Y 12 / 12 / 2013 <b>Transaction ID : 3460-4627-c</b>
Mailing Address 5120 S Solberg Avenue		Amount of Each Receipt this Period 1000
City Sioux Falls      State SD      Zip Code 57108-2219	Contribution	
FEC ID number of contributing federal political committee. <b>C</b>	Name of Employer VisionPoint      Occupation Managing Partner	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2700.00
<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 26 OF 53
	<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 Waters**  
Full Name (Last, First, Middle Initial)

Mailing Address 9 Lillian Drive

City Ipswich State MA Zip Code 01938-1045

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

Name of Employer GW Financial Occupation Financial Services

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1400**

Date of Receipt **11 / 26 / 2013**

**Transaction ID : 3191-4556-c**

Amount of Each Receipt this Period **1200**

Contribution

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

Mailing Address 602 Virginia Street E Suite 303

City Charleston State WV Zip Code 25301-2154

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

Name of Employer The White Planning Group Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt **12 / 31 / 2013**

**Transaction ID : 1037-4751-c**

Amount of Each Receipt this Period **1200**

Contribution

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

Mailing Address 39 Fairway Dr

City Birmingham State AL Zip Code 35213

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

Name of Employer Wood Financial Group Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **11 / 14 / 2013**

**Transaction ID : 1050-4533-c**

Amount of Each Receipt this Period **500**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... **2900.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 53
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Edward Youmell**  
Full Name (Last, First, Middle Initial)

Mailing Address 15 Kensington Drive

City Wilbraham State MA Zip Code 01095-2800

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

Name of Employer Mass Mutual Occupation Financial Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **950**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**11 / 14 / 2013**

**Transaction ID : 3443-4528-c**

Amount of Each Receipt this Period  
**950**

Contribution

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

Mailing Address 3470 Mt Diablo Boulevard Suite A100

City Lafayette State CA Zip Code 94549-3958

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

Name of Employer D/A Financial Group of CA, Inc Occupation Principal

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**12 / 12 / 2013**

**Transaction ID : 1067-4570-c**

Amount of Each Receipt this Period  
**500**

Contribution

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1450.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>66400.00</b>

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 53  
(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. AALU**

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 ▼  
9454.56

Date of Receipt  
11 / 13 / 2013  
**Transaction ID : 1186-4522-m**

Amount of Each Receipt this Period  
534.67

PAC Merchant Fee Reimbursement

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

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 ▼  
9454.56

Date of Receipt  
12 / 18 / 2013  
**Transaction ID : 1186-4571-m**

Amount of Each Receipt this Period  
676.86

PAC Merchant Fee Reimbursement

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

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1211.53
<b>TOTAL</b> This Period (last page this line number only).....▶	1211.53

**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 Y Y  
12 / 03 / 2013

**Transaction ID : SB21B-3119-4632-e**

Amount of Each Disbursement this Period

26.5

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 Y Y  
12 / 02 / 2013

**Transaction ID : SB21B-3096-4631-e**

Amount of Each Disbursement this Period

650.36

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

676.86

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

676.86

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
Redes to G2014 (Orig. Disb. 9/11/2013)

Candidate Name

**Adrian Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2878-4466-e**

Amount of Each Disbursement this Period

-----  
-500

Full Name (Last, First, Middle Initial)

**B. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
Redes frm P2014 (Orig. Disb. 9/11/2013)

Candidate Name

**Adrian Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2878-4468-e**

Amount of Each Disbursement this Period

-----  
500

Full Name (Last, First, Middle Initial)

**C. Adrian Smith For Congress**

Mailing Address 3321 Avenue I  
Suite 6

City State Zip Code  
Scottsbluff NE 69361-4587

Purpose of Disbursement  
Contribution

Candidate Name

**Adrian Smith**

Office Sought:  House  
 Senate  
 President  
State: NE District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

**Transaction ID : SB23-2878-4505-e**

Amount of Each Disbursement this Period

-----  
1000

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

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

-----  
1000.00

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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. ALAMO PAC**

Mailing Address 919 Congress Avenue  
Suite 1400

City Austin State TX Zip Code 78701-2114

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2013

**Transaction ID : SB23-2935-4472-e**

Amount of Each Disbursement this Period

1000
------

**B. Alaskans For Begich 2014**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 410

City Palmer State AK Zip Code 99645-0410

Purpose of Disbursement  
Contribution

Candidate Name

**Mark Begich**

Office Sought:  House  
 Senate  
 President  
State: AK District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

**Transaction ID : SB23-3163-4512-e**

Amount of Each Disbursement this Period

1000
------

**C. American Council of Life Insurers PAC**

Full Name (Last, First, Middle Initial)

Mailing Address 101 Constitution Avenue NW  
Suite 700

City Washington State DC Zip Code 20001-2133

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		13		2013

**Transaction ID : SB23-3435-4480-e**

Amount of Each Disbursement this Period

5000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

7000.00
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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. Andy Barr For Congress**

Mailing Address PO Box 2059

City Lexington State KY Zip Code 40588-2059

Purpose of Disbursement  
Contribution

011

Candidate Name

**G. Andy Barr**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KY District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 21 / 2013

Transaction ID : **SB23-3126-4497-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Ann Wagner For Congress**

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement  
Contribution

011

Candidate Name

**Ann L. Wagner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

Transaction ID : **SB23-3144-4488-e**

Amount of Each Disbursement this Period

1500

Full Name (Last, First, Middle Initial)

**C. Ben Cardin For Senate**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228-0593

Purpose of Disbursement  
Contribution

011

Candidate Name

**Benjamin L. Cardin**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MD District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

Transaction ID : **SB23-2843-4465-e**

Amount of Each Disbursement this Period

1000

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

3500.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Ben Cardin For Senate**

Mailing Address PO Box 21093

City Catonsville State MD Zip Code 21228-0593

Purpose of Disbursement Contribution

011

Candidate Name

**Benjamin L. Cardin**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement

MM / DD / YYYY  
12 / 02 / 2013

Transaction ID : SB23-2843-4511-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Bennet For Colorado**

Mailing Address PO Box 3078

City Denver State CO Zip Code 80201-3078

Purpose of Disbursement Contribution

011

Candidate Name

**Michael F. Bennet**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CO District:

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

Transaction ID : SB23-2399-4483-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Bill Nelson For US Senate**

Mailing Address 972 W Whitmire Dr

City Melbourne State FL Zip Code 32935

Purpose of Disbursement Contribution

011

Candidate Name

**Bill Nelson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

Transaction ID : SB23-1327-4486-e

Amount of Each Disbursement this Period

1000

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Billy Long For Congress**

Mailing Address 3246 E Ridgeview Street

City Springfield State MO Zip Code 65804-4076

Purpose of Disbursement  
Contribution

011

Candidate Name

**Billy Long**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: MO District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	04	/	2013

Transaction ID : SB23-2920-4523-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Blumenauer For Congress**

Mailing Address 830 NE Holladay St  
Suite 105

City Portland State OR Zip Code 97232-5105

Purpose of Disbursement  
Contribution

011

Candidate Name

**Earl Blumenauer**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OR District: 03

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	11	/	2013

Transaction ID : SB23-1201-4484-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Bob Casey For Senate Inc.**

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102-8746

Purpose of Disbursement  
Contribution

011

Candidate Name

**Robert P. Casey Jr.**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	23	/	2013

Transaction ID : SB23-3211-4573-e

Amount of Each Disbursement this Period

2000
------

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

4000.00
---------

**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. Cantor For Congress**

Mailing Address PO Box 17813

City Richmond State VA Zip Code 23226-7813

Purpose of Disbursement Contribution

011

Candidate Name  
**Eric Cantor**

Category/Type

Office Sought:  House  Senate  President  
State: VA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

**Transaction ID : SB23-1222-4471-e**

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

**B. Chris Coons For Delaware**

Mailing Address PO Box 9900

City Newark State DE Zip Code 19714-5000

Purpose of Disbursement Contribution

011

Candidate Name  
**Christopher A. Coons**

Category/Type

Office Sought:  House  Senate  President  
State: DE District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2631-4481-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Committee To Re-Elect Linda Sanchez**

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement Contribution

011

Candidate Name  
**Linda Sanchez**

Category/Type

Office Sought:  House  Senate  President  
State: CA District: 38

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-3411-4461-e**

Amount of Each Disbursement this Period

1000

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

7000.00

**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. Crowley For Congress**

Mailing Address 8456 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

Purpose of Disbursement  
Contribution

011

Candidate Name

**Joseph Crowley**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

**Transaction ID : SB23-1198-4509-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. 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
11			12			2013			

**Transaction ID : SB23-2617-4473-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Friends of Congressman Steve Stockman**

Mailing Address PO Box 57135

City Webster State TX Zip Code 77598-7135

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steve Stockman**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TX District: 36

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2013			

**Transaction ID : SB23-3424-4474-e**

Amount of Each Disbursement this Period

500
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. 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 M	/	D D D	/	Y Y Y Y Y
12		02		2013

**Transaction ID : SB23-2336-4502-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Dr

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution

011

Candidate Name

**Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

**Transaction ID : SB23-2568-4503-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Friends of Erik Paulsen**

Mailing Address PO Box 44369  
250 Prairie Center Dr

City Eden Prairie State MN Zip Code 55344-1369

Purpose of Disbursement  
Contribution

011

Candidate Name

**Erik Paulsen**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MN District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2013

**Transaction ID : SB23-2568-4504-e**

Amount of Each Disbursement this Period

2500
------

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

4500.00
---------

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

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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 Frank Guinta**

Mailing Address PO Box 877

City Manchester State NH Zip Code 03105-0877

Purpose of Disbursement  
Contribution

011

Candidate Name

**Frank Guinta**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NH District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			04			2013			

**Transaction ID : SB23-2837-4506-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Friends of Jim Clyburn**

Mailing Address PO Box 12567

City Columbia State SC Zip Code 29211-2567

Purpose of Disbursement  
Contribution

011

Candidate Name

**James E. Clyburn**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

**Transaction ID : SB23-3101-4493-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Friends of John Thune**

Mailing Address PO Box 841

City Sioux Falls State SD Zip Code 57101-0841

Purpose of Disbursement  
Contribution

011

Candidate Name

**John Thune**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: SD District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			23			2013			

**Transaction ID : SB23-2613-4574-e**

Amount of Each Disbursement this Period

1000
------

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

3000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Friends of Mark Warner**

Mailing Address 201 N Union Street  
Suite 300

City Alexandria State VA Zip Code 22314-2650

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mark Robert Warner**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: VA District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SB23-2862-4463-e**

Amount of Each Disbursement this Period

900

Full Name (Last, First, Middle Initial)

**B. Friends of Sherrod Brown**

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003-0293

Purpose of Disbursement  
Contribution

011

Candidate Name

**Sherrod Brown**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District:

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SB23-2397-4516-e**

Amount of Each Disbursement this Period

3000

Full Name (Last, First, Middle Initial)

**C. GOALPAC**

Mailing Address PO Box 30344

City Bethesda State MD Zip Code 20824-0344

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 11 / 2013

**Transaction ID : SB23-2873-4485-e**

Amount of Each Disbursement this Period

1000

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

4900.00

**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. Hagan For US Senate**

Mailing Address PO Box 29103

City Greensboro State NC Zip Code 27429-9103

Purpose of Disbursement  
Contribution

011

Candidate Name

**Kay R. Hagan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

**Transaction ID : SB23-2943-4491-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Himes For Congress**

Mailing Address 857 Post Road  
# 312

City Fairfield State CT Zip Code 06824-6041

Purpose of Disbursement  
Contribution

011

Candidate Name

**Jim Himes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼  
Convention 2014

State: CT District: 04

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

**Transaction ID : SB23-2378-4510-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Hudson For Congress**

Mailing Address PO Box 5053

City Concord State NC Zip Code 28027-1500

Purpose of Disbursement  
Contribution

011

Candidate Name

**Richard L. Hudson**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NC District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2013			

**Transaction ID : SB23-3291-4566-e**

Amount of Each Disbursement this Period

2000
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4000.00
---------

**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) <b>A. Huizenga For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2013	
Mailing Address 441 Williams Court		Transaction ID : <b>SB23-2773-4513-e</b>  Amount of Each Disbursement this Period 1000	
City Zeeland	State MI		Zip Code 49464-1509
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>William P. Huizenga</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 02		

Full Name (Last, First, Middle Initial) <b>B. Huizenga For Congress</b>		Date of Disbursement MM / DD / YYYY 12 / 02 / 2013	
Mailing Address 441 Williams Court		Transaction ID : <b>SB23-2773-4514-e</b>  Amount of Each Disbursement this Period 1000	
City Zeeland	State MI		Zip Code 49464-1509
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>William P. Huizenga</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 02		

Full Name (Last, First, Middle Initial) <b>C. Jason Smith For Congress</b>		Date of Disbursement MM / DD / YYYY 11 / 12 / 2013	
Mailing Address PO Box 1324		Transaction ID : <b>SB23-3426-4475-e</b>  Amount of Each Disbursement this Period 2000	
City Cape Girardeau	State MO		Zip Code 63702-1324
Purpose of Disbursement Contribution	Category/ Type 011		
Candidate Name <b>Jason Smith</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MO District: 08		

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SB23-2988-4500-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Jim Renacci For Congress**

Mailing Address 150 Smokerise Drive

City Wadsworth State OH Zip Code 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

**James B. Renacci**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 16

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 12 / 2013

**Transaction ID : SB23-2988-4561-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. JOE-PAC: Jobs, Opportunities and Education PAC**

Mailing Address 410 1st Street SE  
Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SB23-3131-4515-e**

Amount of Each Disbursement this Period

1000

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. John Carney For Congress**

Mailing Address PO Box 2162

City Wilmington State DE Zip Code 19899-2162

Purpose of Disbursement Contribution

011

Candidate Name

**John Charles Carney Jr.**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: DE District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

**Transaction ID : SB23-2860-4462-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. John Lewis For Congress**

Mailing Address PO Box 2323

City Atlanta State GA Zip Code 30301-2323

Purpose of Disbursement Contribution

011

Candidate Name

**John R. Lewis**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: GA District: 05

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2406-4460-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Kind For Congress Committee**

Mailing Address 205 5th Avenue S

City La Crosse State WI Zip Code 54601-4059

Purpose of Disbursement Contribution

011

Candidate Name

**Ron Kind**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: WI District: 03

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

**Transaction ID : SB23-1210-4559-e**

Amount of Each Disbursement this Period

1000

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Larson For Congress**

Mailing Address PO Box 261172

City Hartford State CT Zip Code 06126

Purpose of Disbursement Contribution

011

Candidate Name

**John B. Larson**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Convention 2014**

State: CT District: 01

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2250-4492-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Lead Your Nation Now PAC (LYNN PAC)**

Mailing Address PO Box 1872

City Topeka State KS Zip Code 66601-1872

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

**Transaction ID : SB23-3239-4469-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Lead Your Nation Now PAC (LYNN PAC)**

Mailing Address PO Box 1872

City Topeka State KS Zip Code 66601-1872

Purpose of Disbursement Contribution

011

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
12 / 12 / 2013

**Transaction ID : SB23-3239-4560-e**

Amount of Each Disbursement this Period

1000

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

3000.00

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2728-4489-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**B. Mike Thompson For Congress**

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841-3111

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mike Thompson**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 11 / 2013

**Transaction ID : SB23-2728-4490-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Nancy Pelosi For Congress**

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement  
Contribution

011

Candidate Name

**Nancy Pelosi**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 12

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2013

**Transaction ID : SB23-3413-4464-e**

Amount of Each Disbursement this Period

2500

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

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

3500.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. New Millennium PAC**

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102-0648

Purpose of Disbursement  
VOID: Uncashed Check From 9/25/13

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 19 / 2013

Transaction ID : SB23-3382-4567-e

Amount of Each Disbursement this Period

-1000

Full Name (Last, First, Middle Initial)

**B. ORRINPAC**

Mailing Address PO Box 3986

City Washington State DC Zip Code 20027-0986

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 30 / 2013

Transaction ID : SB23-3452-4576-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Osborn For Senate Inc.**

Mailing Address PO Box 214

City Waterloo State NE Zip Code 68069-0214

Purpose of Disbursement  
Contribution

Candidate Name

**Shane Osborn**

Office Sought:  House  Senate  President  
State: NE District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

011  
Category/  
Type

Date of Disbursement

MM / DD / YYYY  
12 / 04 / 2013

Transaction ID : SB23-3440-4524-e

Amount of Each Disbursement this Period

5000

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

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

5000.00

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

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

FOR LINE NUMBER:  
(check only one)

<input 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. Pat Meehan For Congress**

Mailing Address 50 S Providence Road

City State Zip Code  
Media PA 19063-3531

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patrick L. Meehan**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: PA District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	16	/	2013

**Transaction ID : SB23-2681-4564-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**B. Pat Roberts for US Senate**

Mailing Address PO Box 433

City State Zip Code  
Great Bend KS 67530-0433

Purpose of Disbursement  
Contribution

011

Candidate Name

**Pat Roberts**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: KS District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	12	/	2013

**Transaction ID : SB23-1218-4470-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Paul Cook For Congress**

Mailing Address PO Box 365

City State Zip Code  
Yucca Valley CA 92286-0365

Purpose of Disbursement  
Contribution

011

Candidate Name

**Paul Cook**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: CA District: 08

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	12	/	2013

**Transaction ID : SB23-3432-4479-e**

Amount of Each Disbursement this Period

2000
------

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

4000.00
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**TOTAL** This Period (last page this line number only)..... ▶

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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

### A. People For Derek Kilmer

Mailing Address PO Box 1574

City Gig Harbor State WA Zip Code 98335-3574

Purpose of Disbursement  
Contribution

011

Candidate Name

**Derek Kilmer**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : SB23-3438-4508-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

### B. People For Patty Murray

Mailing Address PO Box 3662

City Seattle State WA Zip Code 98124-3662

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patty Murray**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: WA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			02			2013			

Transaction ID : SB23-2331-4507-e

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

### C. Rothfus For Congress

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143-0435

Purpose of Disbursement  
VOID: Uncashed Check From 9/25/13

011

Candidate Name

**Keith Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2013			

Transaction ID : SB23-3315-4568-e

Amount of Each Disbursement this Period

-2500
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

-500.00
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Rothfus For Congress**

Mailing Address PO Box 435

City Sewickley State PA Zip Code 15143-0435

Purpose of Disbursement  
Contribution

011

Candidate Name

**Keith Rothfus**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		23		2013

**Transaction ID : SB23-3315-4572-e**

Amount of Each Disbursement this Period

2500
------

Full Name (Last, First, Middle Initial)

**B. Ryan for Congress**

Mailing Address PO Box 1488

City Janesville State WI Zip Code 53547

Purpose of Disbursement  
Contribution

011

Candidate Name

**Paul D. Ryan**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		12		2013

**Transaction ID : SB23-1219-4562-e**

Amount of Each Disbursement this Period

1000
------

Full Name (Last, First, Middle Initial)

**C. Salmon For Congress**

Mailing Address PO Box 1290

City Mesa State AZ Zip Code 85211-1290

Purpose of Disbursement  
Contribution

011

Candidate Name

**Matt Salmon**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AZ District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2013

**Transaction ID : SB23-3430-4478-e**

Amount of Each Disbursement this Period

1000
------

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

4500.00
---------

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)

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

Full Name (Last, First, Middle Initial)

**A. Schock For Congress**

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612-0555

Purpose of Disbursement  
Contribution

011

Candidate Name

**Aaron Jon Schock**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			11			2013			

**Transaction ID : SB23-2770-4487-e**

Amount of Each Disbursement this Period

1000									
------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**B. Steve Fincher For Congress**

Mailing Address PO Box 11153

City Jackson State TN Zip Code 38308-0119

Purpose of Disbursement  
Contribution

011

Candidate Name

**Steve Fincher**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: TN District: 08

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2013			

**Transaction ID : SB23-2839-4498-e**

Amount of Each Disbursement this Period

2000									
------	--	--	--	--	--	--	--	--	--

Full Name (Last, First, Middle Initial)

**C. SUPPORTING CONSERVATIVES OF TODAY AND TOMORROW (SCOTT PAC)**

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement  
Contribution

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			16			2013			

**Transaction ID : SB23-2902-4563-e**

Amount of Each Disbursement this Period

2500									
------	--	--	--	--	--	--	--	--	--

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

5500.00									
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**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tiberi For Congress**

Mailing Address 2021 E Dbln Grnvl Road  
Suite 2000

City Columbus State OH Zip Code 43229-3572

Purpose of Disbursement  
Contribution

011

Candidate Name

**Patrick J. Tiberi**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SB23-2246-4501-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Tom Reed For Congress**

Mailing Address PO Box 391

City Geneva State NY Zip Code 14456-0391

Purpose of Disbursement  
Contribution

011

Candidate Name

**Thomas W. Reed II**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SB23-3041-4476-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Tom Rice For Congress**

Mailing Address 1107 48th Avenue N  
Suite 310A

City Myrtle Beach State SC Zip Code 29577-5443

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tom Rice**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
11 / 12 / 2013

**Transaction ID : SB23-3428-4477-e**

Amount of Each Disbursement this Period

1000

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

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

3000.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Tom Rice For Congress**

Mailing Address 1107 48th Avenue N  
Suite 310A

City Myrtle Beach State SC Zip Code 29577-5443

Purpose of Disbursement  
Contribution

011

Candidate Name

**Tom Rice**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: SC District: 07

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 23 / 2013

**Transaction ID : SB23-3428-4575-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Wenstrup For Congress**

Mailing Address 512 Missouri Avenue

City Cincinnati State OH Zip Code 45226-1121

Purpose of Disbursement  
Contribution

011

Candidate Name

**Brad Wenstrup**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 02

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
12 / 02 / 2013

**Transaction ID : SB23-3120-4499-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2000.00

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

85900.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. D. John Gagnon - GW Financial**

Mailing Address 2 Haven Street  
Unit 307

City Reading State MA Zip Code 01867-2961

Purpose of Disbursement  
Refund of 4/10/13 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28a-3450-4494-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. D. John Gagnon - GW Financial**

Mailing Address 2 Haven Street  
Unit 307

City Reading State MA Zip Code 01867-2961

Purpose of Disbursement  
Refund of 4/29/13 Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB28a-3450-4495-e**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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