

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 06 01 2008 through 06 30 2008

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Marc R. Cadin

Signature of Treasurer Electronically Filed by Marc R. Cadin Date 07 18 2008

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

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Association For Advanced Life Underwriting PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		0.00
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period .....	63487.38									
(c) Total Receipts (from Line 19) .....	19880.78	84084.78								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	83368.16	84084.78								
7. Total Disbursements (from Line 31) .....	10299.06	11015.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	73069.10	73069.10								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									

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

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
Association For Advanced Life Underwriting PAC

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	16750.00	78651.00
(i) Itemized (use Schedule A) .....	1800.00	4103.00
(ii) Unitemized .....	18550.00	82754.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	18550.00	82754.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	1330.78	1330.78
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	19880.78	84084.78
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19880.78	84084.78

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	799.06	1515.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	799.06	1515.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9500.00	9500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10299.06	11015.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10299.06	11015.68

**DETAILED SUMMARY PAGE**  
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	18550.00	82754.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18550.00	82754.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	799.06	1515.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	799.06	1515.68

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

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

FOR LINE NUMBER: PAGE 6 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
Kristin L. Barens  
Mailing Address 18702 Patrician Dr  
City Villa Park State CA Zip Code 92861-4212  
FEC ID number of contributing federal political committee. **C**  
Name of Employer MullinTBG Occupation Life Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 17 / 2008  
Transaction ID: 80708.C2442  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Robert M. Birgen  
Mailing Address 21700 Copley Dr Ste 120  
City Diamond Bar State CA Zip Code 91765-5489  
FEC ID number of contributing federal political committee. **C**  
Name of Employer FFR Advisory, LLC Occupation Life Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 16 / 2008  
Transaction ID: 80708.C2431  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
James M. Clary  
Mailing Address 1825 N Cleveland Ave  
City Chicago State IL Zip Code 60614-5205  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Mullin Consulting Occupation President & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 12 / 2008  
Transaction ID: 80617.C2420  
Amount of Each Receipt this Period 1000.00  
Receipt

**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 7 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
Michael P. Corry  
Mailing Address 28 Daniel Rd  
City Saint Louis State MO Zip Code 63124-1470  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Todd Organization Occupation Financial Adviser  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 12 / 2008  
Transaction ID: 80620.C2423  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Donald H. Curristan  
Mailing Address 16860 Daza Dr  
City Ramona State CA Zip Code 92065-4676  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Executive Compensation So-lutio Occupation Life Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00  
Date of Receipt 06 / 20 / 2008  
Transaction ID: 80708.C2441  
Amount of Each Receipt this Period 500.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
N. Douglas Hostetler  
Mailing Address 11036 Gather Farm Rd  
City Ellicott City State MD Zip Code 21042  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Hostetler Church, LLC Occupation Life Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 700.00  
Date of Receipt 06 / 18 / 2008  
Transaction ID: 80708.C2435  
Amount of Each Receipt this Period 700.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2200.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 8 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
Barton L Kaufman

Mailing Address PO Box 4567

City State Zip Code  
Carmel IN 46082-4567

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Kaufman Financial Corpora- Life Insurance Agent  
tion

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	8		2	0	0	8

**Transaction ID:** 80708.C2438

Amount of Each Receipt this Period  
1000.00

Receipt

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

Mailing Address 12080 Corporate Pkwy Ste 140

City State Zip Code  
Mequon WI 53092-2600

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
M Barrington Corporation Life Insurance Agent

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	8

**Transaction ID:** 80708.C2430

Amount of Each Receipt this Period  
1000.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
W. Marshall Miller II

Mailing Address 825 Diligence Dr Ste 201

City State Zip Code  
Newport News VA 23606-4272

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Insurance Consultants of Life Insurance Agent  
VA

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

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	0	8

**Transaction ID:** 80708.C2444

Amount of Each Receipt this Period  
1000.00

Receipt

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 16

(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Michael T. Piotrowicz

Mailing Address 401 Plymouth Rd Ste 150

City State Zip Code  
Plymouth Meeting PA 19462-1653

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Legacy Advisors, LLC Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 27 / 2008

**Transaction ID:** 80708.C2446

Amount of Each Receipt this Period 1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Christopher Quinn

Mailing Address 4727 Commons Dr Apt 304

City State Zip Code  
Annandale VA 22003-6723

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
AALU Asst. VP of Membership

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 16 / 2008

**Transaction ID:** 80708.C2432

Amount of Each Receipt this Period 250.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Jeffrey D. Sharp

Mailing Address 9735 Fieldcrest Dr

City State Zip Code  
Omaha NE 68114-4932

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
SilverStone Group, Inc. Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2008

**Transaction ID:** 80708.C2427

Amount of Each Receipt this Period 1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 2250.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 16  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Lee J. Slavutin

Mailing Address 100 Riverside Dr Apt 15D

City State Zip Code  
New York NY 10024-4822

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

Name of Employer Occupation  
Stern Slavutin-2, Inc. Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 18 / 2008

Transaction ID: 80708.C2434

Amount of Each Receipt this Period  
1000.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Rick Thomas

Mailing Address 16464 Avila Blvd

City State Zip Code  
Tampa FL 33613-1033

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

Name of Employer Occupation  
Thomas Financial Group Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 27 / 2008

Transaction ID: 80708.C2445

Amount of Each Receipt this Period  
1000.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Barbara A. Tomeo

Mailing Address 4241 Ellinwood Blvd

City State Zip Code  
Palm Harbor FL 34685-2637

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

Name of Employer Occupation  
Thomas Financial Group Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 24 / 2008

Transaction ID: 80708.C2443

Amount of Each Receipt this Period  
1000.00

Receipt

**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 11 / 16  
(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

**A.** Full Name (Last, First, Middle Initial)  
E. Hardy Vaughn  
Mailing Address PO Box 532017  
City Orlando State FL Zip Code 32853-2017  
FEC ID number of contributing federal political committee. **C**  
Name of Employer The Vaughn Group, Inc. Occupation Life Insurance Agent  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 20 / 2008  
Transaction ID: 80708.C2439  
Amount of Each Receipt this Period 1000.00  
Receipt

**B.** Full Name (Last, First, Middle Initial)  
Tom Wamberg  
Mailing Address 102 S Wynstone Park Dr Ste 200  
City North Barrington State IL Zip Code 60010-6977  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Clark Consulting Occupation Chairman & CEO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00  
Date of Receipt 06 / 18 / 2008  
Transaction ID: 80708.C2436  
Amount of Each Receipt this Period 1000.00  
Receipt

**C.** Full Name (Last, First, Middle Initial)  
William T. Wood  
Mailing Address 2 Metroplex Dr Ste 202  
City Birmingham State AL Zip Code 35209-6813  
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 ▼ 500.00  
Date of Receipt 06 / 20 / 2008  
Transaction ID: 80708.C2440  
Amount of Each Receipt this Period 500.00  
Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2500.00  
**TOTAL** This Period (last page this line number only) ..... ►

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

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

FOR LINE NUMBER: PAGE 12 / 16  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
Association For Advanced Life Underwriting PAC

**A.** Full Name (Last, First, Middle Initial)  
Stuart L. Youngentob

Mailing Address 11710 Slatestone Ct

City	State	Zip Code
Rockville	MD	20854-2099

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

Name of Employer Arkin, Youngentob & Assoc- ..LL	Occupation Life Insurance Agent
--	------------------------------------

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
800.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	6	/	2	0	0	8

Transaction ID: 80708.C2428

Amount of Each Receipt this Period  
800.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	800.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	16750.00

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

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

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

**A.**

Full Name (Last, First, Middle Initial) AALU		Date of Receipt MM / DD / YYYY 06 / 04 / 2008
Mailing Address 2901 Telestar Ct Fl 4		<b>Transaction ID:</b> 80617.C2418
City Falls Church	State VA	Zip Code 22042-1260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1074.37
Name of Employer	Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1074.37	NOTE: Bank/CC Fee Reimb.

**B.**

Full Name (Last, First, Middle Initial) AALU		Date of Receipt MM / DD / YYYY 06 / 20 / 2008
Mailing Address 2901 Telestar Ct Fl 4		<b>Transaction ID:</b> 80708.C2433
City Falls Church	State VA	Zip Code 22042-1260
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 256.41
Name of Employer	Occupation	Other Receipt
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1330.78	NOTE: Bank/CC Fee Reimb.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>1330.78</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1330.78</b>

**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)

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

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) BA Merchant Services Mailing Address PO Box 2485 City Spokane State WA Zip Code 99210-2485 Purpose of Disbursement PAC Credit Card Processing Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80617.E47 Date of Disbursement 06 / 02 / 2008
	Amount of Each Disbursement this Period 542.65 PAC CREDIT CARD PROCESSING
<b>B.</b> Full Name (Last, First, Middle Initial) Bank of America Mailing Address 10440 Main St City Fairfax State VA Zip Code 22030-3307 Purpose of Disbursement Bank Fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80708.E48 Date of Disbursement 06 / 16 / 2008
	Amount of Each Disbursement this Period 256.41 BANK FEE

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

799.06

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

799.06

# 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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Brady For Congress Mailing Address PO Box 8277 City Spring State TX Zip Code 77387-8277 Purpose of Disbursement CONTRIBUTION Candidate Name KEVIN PATRICK BRADY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 08 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80708.E52 Date of Disbursement 06 / 23 / 2008
	Amount of Each Disbursement this Period 500.00 Category/Type CONTRIBUTION
<b>B.</b> Full Name (Last, First, Middle Initial) Earl Pomeroy For Congress Mailing Address PO Box 9336 City Fargo State ND Zip Code 58106-9336 Purpose of Disbursement CONTRIBUTION Candidate Name EARL RALPH POMEROY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80708.E51 Date of Disbursement 06 / 30 / 2008
	Amount of Each Disbursement this Period 2000.00 Category/Type CONTRIBUTION
<b>C.</b> Full Name (Last, First, Middle Initial) Friends Of Gordon Smith Mailing Address 228 S Washington Ste 115 City Alexandria State VA Zip Code 22314- Purpose of Disbursement CONTRIBUTION Candidate Name GORDON HAROLD SMITH Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80617.E45 Date of Disbursement 06 / 03 / 2008
	Amount of Each Disbursement this Period 1000.00 Category/Type CONTRIBUTION

**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)

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

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

<b>A.</b> Full Name (Last, First, Middle Initial) McConnell Senate Committee 08 <hr/> Mailing Address PO BOX 1496 <hr/> City Louisville State KY Zip Code 40201- <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name MITCH MCCONNELL <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80617.E46 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 3 / 2 0 0 8	
	Amount of Each Disbursement this Period 2000.00	
	Category/ Type CONTRIBUTION	
	Full Name (Last, First, Middle Initial) Stabenow For US Senate <hr/> Mailing Address PO Box 4945 <hr/> City East Lansing State MI Zip Code 48826-4945 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name DEBBIE STABENOW <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 00 Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80708.E50 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 3 0 / 2 0 0 8
Amount of Each Disbursement this Period 2000.00		
Category/ Type CONTRIBUTION	Full Name (Last, First, Middle Initial) Team Sununu <hr/> Mailing Address PO Box 500 <hr/> City Rye State NH Zip Code 03870-0500 <hr/> Purpose of Disbursement CONTRIBUTION <hr/> Candidate Name JOHN E SUNUNU <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80708.E49 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 8
Amount of Each Disbursement this Period 2000.00		
Category/ Type CONTRIBUTION		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	9500.00