

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

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

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

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

5. Covering Period 08 01 2010 through 08 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Marc Cadin  
Signature of Treasurer Electronically Filed by Marc Cadin Date 09 20 2010

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

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

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

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

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		262923.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	254113.21									
(c) Total Receipts (from Line 19) .....	16700.00	263039.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	270813.21	525962.90								
7. Total Disbursements (from Line 31) .....	7000.00	262149.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	263813.21	263813.21								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	12900.00	234700.00
(ii) Unitemized .....	3800.00	18590.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	16700.00	253290.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16700.00	260790.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	2000.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	249.69
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	16700.00	263039.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16700.00	263039.69

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<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.....	0.00	4524.69
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	4524.69
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7000.00	257400.00
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	225.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	7000.00	262149.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	262149.69

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16700.00	260790.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16700.00	260790.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	4524.69
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	4524.69

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13  
(check only one)

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

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

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

**A.**

Full Name (Last, First, Middle Initial) Sam Beller		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 551 5th Avenue Suite 413		<b>Transaction ID:</b> SA11AI-779-1546-c
City New York	State NY	Zip Code 10176-0001
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 500.00
Name of Employer Diversified Programs, Inc.	Occupation Agent	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Anthony Bertrami		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 1461 Lakeland Avenue		<b>Transaction ID:</b> SA11AI-2582-1535-c
City Bohemia	State NY	Zip Code 11716-2174
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 250.00
Name of Employer Forest Hills Financial Group	Occupation Agent	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

**C.**

Full Name (Last, First, Middle Initial) Tom Brown		Date of Receipt MM / DD / YYYY 08 / 23 / 2010
Mailing Address 5084 Whiteland Road		<b>Transaction ID:</b> SA11AI-68-1558-c
City Greenwood	State IN	Zip Code 46143-9391
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00
Name of Employer Northwestern Mutual	Occupation Financial Representative	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 13  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Robert Chappell

Mailing Address 198 Blacksmith Road

City State Zip Code  
Oley PA 19547-8819

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

Name of Employer Penn Mutual Life Insurance Co. Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 08 / 09 / 2010

Transaction ID: SA11AI-113-1536-c

Amount of Each Receipt this Period 200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Thomas Ciardella, Sr.

Mailing Address 52 Forest Avenue

City State Zip Code  
Paramus NJ 07652-5200

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

Name of Employer Certified Financial Services Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 25 / 2010

Transaction ID: SA11AI-2421-1560-c

Amount of Each Receipt this Period 1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Howard Elias

Mailing Address 153 E 87th Street Apt. 12B

City State Zip Code  
New York NY 10128-2702

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

Name of Employer Guardian Occupation General Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 20 / 2010

Transaction ID: SA11AI-281-1552-c

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1700.00

**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 / 13  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

**A.** Full Name (Last, First, Middle Initial)  
Saul Feingold

Mailing Address Chestnut Place  
22 Elm Street

City Worcester State MA Zip Code 01608

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

Name of Employer The Feingold Companies Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 13 / 2010  
Transaction ID: SA11AI-294-1547-c  
Amount of Each Receipt this Period 1000.00  
Contribution

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

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 ▼ 1000.00

Date of Receipt 08 / 16 / 2010  
Transaction ID: SA11AI-2583-1548-c  
Amount of Each Receipt this Period 1000.00  
Contribution

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

Mailing Address 4066 Bunting Ave

City Fort Worth State TX Zip Code 76107

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

Name of Employer The Capital Chart Room, Ltd. Occupation President & CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 08 / 06 / 2010  
Transaction ID: SA11AI-424-1528-c  
Amount of Each Receipt this Period 200.00  
Contribution

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 13  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
John Irvin

Mailing Address 3308 Bryker Drive

City Austin State TX Zip Code 78703-1332

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

Name of Employer NFP Insurance Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2010

Transaction ID: SA11AI-446-1549-c

Amount of Each Receipt this Period 1000.00

Contribution

**B.**

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

Mailing Address 13321 Chappel Rd

City Lorena State TX Zip Code 76655

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

Name of Employer Jim Morrison Financial Sv-  
cs Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 05 / 2010

Transaction ID: SA11AI-654-1524-c

Amount of Each Receipt this Period 1500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Nicholas Palumbo

Mailing Address 14 Catherine Place

City Katonah State NY Zip Code 10536-3002

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

Name of Employer Opus Advisory Group LLC Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2010

Transaction ID: SA11AI-2353-1544-c

Amount of Each Receipt this Period 1000.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 3500.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 13  
(check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial) Frank Seneco		Date of Receipt MM / DD / YYYY 08 / 10 / 2010
Mailing Address 64 Mountain Brook Road		<b>Transaction ID:</b> SA11AI-2559-1538-c
City North Haven	State CT	Zip Code 06473-1019
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Seneco & Associates Inc.	Occupation Business Owner/Insurance Sales	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

**B.**

Full Name (Last, First, Middle Initial) Sarah Spear		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 14882 Bellezza Lane		<b>Transaction ID:</b> SA11AI-20-1559-c
City Naples	State FL	Zip Code 34110-2752
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer AALU	Occupation Director, Policy & PA	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Nebojsa Subotic		Date of Receipt MM / DD / YYYY 08 / 09 / 2010
Mailing Address 2465 Ala Wai Boulevard # PH2		<b>Transaction ID:</b> SA11AI-2581-1532-c
City Honolulu	State HI	Zip Code 96815-3455
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Wealth Strategy Partners LLC	Occupation General Agent	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

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

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

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

Mailing Address 1002 Jefferson Wood Lane

City Greensboro State NC Zip Code 27410-3549

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

Name of Employer The Todd Organization Occupation Sr VP/General Counsel & Secy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 23 / 2010  
Transaction ID: SA11AI-948-1556-c  
Amount of Each Receipt this Period 1000.00  
Contribution

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

Mailing Address 36 New York Ave

City Smithtown State NY Zip Code 11743

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

Name of Employer Zacharoff Associates Occupation Financial Representative

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 17 / 2010  
Transaction ID: SA11AI-1062-1543-c  
Amount of Each Receipt this Period 1000.00  
Contribution

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

Mailing Address 4168 Cherokee Drive

City Madison State WI Zip Code 53711-3031

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

Name of Employer The Zimdars Company, Inc. Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 26 / 2010  
Transaction ID: SA11AI-1065-1562-c  
Amount of Each Receipt this Period 250.00  
Contribution

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

**TOTAL** This Period (last page this line number only) ..... ► 12900.00

# 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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Charlie Crist For US Senate <hr/> Mailing Address PO Box 1694 <hr/> City Tallahassee State FL Zip Code 32302-1694 <hr/> Purpose of Disbursement Contribution Candidate Name Charlie Crist Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2586-1561-e Date of Disbursement 08 / 26 / 2010 <hr/> Amount of Each Disbursement this Period 2000.00 <hr/> 011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) David Vitter For US Senate <hr/> Mailing Address PO Box 8175 <hr/> City Metairie State LA Zip Code 70011-8175 <hr/> Purpose of Disbursement Contribution Candidate Name David Vitter Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2584-1550-e Date of Disbursement 08 / 18 / 2010 <hr/> Amount of Each Disbursement this Period 2500.00 <hr/> 011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Friends for Gregory Meeks <hr/> Mailing Address 15301 Jamaica Avenue Suite 535 <hr/> City Jamaica State NY Zip Code 11432-3826 <hr/> Purpose of Disbursement VOID: Uncashed Check 6/7/10 Candidate Name Gregory W. Meeks Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2542-1540-e Date of Disbursement 08 / 10 / 2010 <hr/> Amount of Each Disbursement this Period -1000.00 <hr/> 011 Category/ Type

**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 (AALU PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends for Gregory Meeks <hr/> Mailing Address 15301 Jamaica Avenue Suite 535 <hr/> City Jamaica State NY Zip Code 11432-3826 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Gregory W. Meeks <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 06 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23-2542-1541-e Date of Disbursement <input type="text" value="08"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	Amount of Each Disbursement this Period <input type="text" value="1000.00"/>
<b>B.</b> Full Name (Last, First, Middle Initial) People For Patty Murray <hr/> Mailing Address PO Box 3662 <hr/> City Seattle State WA Zip Code 98124-3662 <hr/> Purpose of Disbursement Contribution <input type="text" value="011"/> Candidate Name Patty Murray <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: WA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> SB23-2331-1517-e Date of Disbursement <input type="text" value="08"/> <input type="text" value="03"/> / <input type="text" value="20"/> <input type="text" value="10"/>
	Amount of Each Disbursement this Period <input type="text" value="2500.00"/>

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

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