

# 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 11 02 2010 in the State of VA  
(d) 30-Day **Post -Election** Report for the:  General (30G)  Runoff (30R)  Special (30S)  
Election on in the State of

5. Covering Period 10 01 2010 through 10 13 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Marc Cadin  
Signature of Treasurer Electronically Filed by Marc Cadin Date 10 21 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
1	0

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	0

D	D
1	3

Y	Y	Y	Y
2	0	1	0

	<b>COLUMN A</b> This Period	<b>COLUMN B</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 .....	169913.21									
(c) Total Receipts (from Line 19) .....	11984.00	309323.69								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	181897.21	572246.90								
7. Total Disbursements (from Line 31) .....	6200.00	396549.69								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	175697.21	175697.21								
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

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) .....	9300.00	273700.00
(ii) Unitemized .....	2684.00	25874.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11984.00	299574.00
(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) .....	11984.00	307074.00
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)) .....	11984.00	309323.69
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11984.00	309323.69

**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.....	6000.00	391400.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	200.00	400.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	200.00	400.00
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))..	6200.00	396549.69
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6200.00	396549.69

**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) .....	11984.00	307074.00
34. Total Contribution Refunds (from Line 28(d)) .....	200.00	400.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11784.00	306674.00
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 / 12  
(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)  
J. Boyd Bert, Jr.

Mailing Address 3645 W Lake Road

City Erie State PA Zip Code 16505-3450

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

Name of Employer The Bert Company Occupation President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 12 / 2010

Transaction ID: SA11AI-791-1700-c

Amount of Each Receipt this Period 1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Francis Burke, Jr.

Mailing Address 640 Spruce Lane

City Berwyn State PA Zip Code 19312-1457

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

Name of Employer 1934 Group Occupation Financial Adviser

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 06 / 2010

Transaction ID: SA11AI-80-1690-c

Amount of Each Receipt this Period 500.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
Joshua Cobb

Mailing Address 5040 Roswell Road

City Atlanta State GA Zip Code 30342-2207

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

Name of Employer Peachtree Planning Occupation Advisor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2010

Transaction ID: SA11AI-2634-1696-c

Amount of Each Receipt this Period 500.00

Contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 12

(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)  
Donald Friedman

Mailing Address 2818 NE US Grant Place

City State Zip Code  
Portland OR 97212-5069

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

Name of Employer Occupation  
M Benefit Solutions President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 400.00

Date of Receipt

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

Transaction ID: SA11AI-321-1684-c

Amount of Each Receipt this Period

200.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Ross Hoffman

Mailing Address 1770 Miramar Drive

City State Zip Code  
Ventura CA 93001-2345

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

Name of Employer Occupation  
Hoffman & Associates Owner

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

Transaction ID: SA11AI-2365-1694-c

Amount of Each Receipt this Period

600.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
R. Marshall Jones

Mailing Address 103 Via Paradisio

City State Zip Code  
West Palm Bch FL 33418-6204

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

Name of Employer Occupation  
Jones Lowry Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 500.00

Date of Receipt

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

Transaction ID: SA11AI-461-1695-c

Amount of Each Receipt this Period

500.00

Contribution

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

1300.00

**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 / 12  
(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)  
Terry Kaltenbach

Mailing Address 1358 Ahlrich Avenue

City State Zip Code  
Encinitas CA 92024-4029

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

Name of Employer Occupation  
Phoenix Life Wealth Management Consultant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** SA11AI-474-1682-c

Amount of Each Receipt this Period  
1000.00

Contribution

**B.**

Full Name (Last, First, Middle Initial)  
Chau Lai

Mailing Address 9974 Scripps Ranch Boulevard

City State Zip Code  
San Diego CA 92131-1825

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

Name of Employer Occupation  
Guardian Life CFP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
MM / DD / YYYY  
10 / 05 / 2010

**Transaction ID:** SA11AI-2453-1672-c

Amount of Each Receipt this Period  
1000.00

Contribution

**C.**

Full Name (Last, First, Middle Initial)  
William Leisman III

Mailing Address PO Box 549020

City State Zip Code  
Waltham MA 02454

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

Name of Employer Occupation  
Leisman Insurance Agency, Inc. President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
10 / 04 / 2010

**Transaction ID:** SA11AI-544-1683-c

Amount of Each Receipt this Period  
1000.00

Contribution

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

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



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<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)

<b>A.</b>	Full Name (Last, First, Middle Initial) Peter Menihan	Date of Receipt MM / DD / YYYY 10 / 06 / 2010
	Mailing Address 6539 Wenonga Road	<b>Transaction ID:</b> SA11AI-2409-1685-c
	City Mission Hills State KS Zip Code 66208-1764	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer UMB Insurance Occupation EVP Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Donald Morris, Jr.	Date of Receipt MM / DD / YYYY 10 / 13 / 2010
	Mailing Address 480 El Alamo	<b>Transaction ID:</b> SA11AI-649-1697-c
	City Danville State CA Zip Code 94526-1440	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Sitzmann, Morris & Lavis, Inc. Occupation Insurance Broker Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) Aggregate Year-to-Date 500.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Salvatore	Date of Receipt MM / DD / YYYY 10 / 05 / 2010
	Mailing Address 18 Peregrine Drive	<b>Transaction ID:</b> SA11AI-2625-1674-c
	City Morganville State NJ Zip Code 07751-1075	Amount of Each Receipt this Period 1000.00
	FEC ID number of contributing federal political committee. <b>C</b>	Contribution
	Name of Employer Northeast Planning Occupation Executive Vice President 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) .....	2000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 10 / 12	
	(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"/> 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) Peter Vilieis		Date of Receipt
Mailing Address 10809 Canfield Drive		<input type="text" value="10"/> / <input type="text" value="05"/> / <input type="text" value="2010"/>
City	State	Zip Code
Austin	TX	78739-1977
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI-1004-1673-c
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer Self	Occupation Insurance Broker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="1000.00"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="1000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="9300.00"/>

**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) Chris Coons For Delaware <hr/> Mailing Address PO Box 9900 <hr/> City Newark State DE Zip Code 19714-5000 <hr/> Purpose of Disbursement Contribution Candidate Name Christopher A. Coons <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: DE District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2631-1678-e Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Ed Royce For Congress <hr/> Mailing Address PO Box 2525 <hr/> City Orange State CA Zip Code 92859-0525 <hr/> Purpose of Disbursement Contribution Candidate Name Ed Royce <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 40 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2299-1679-e Date of Disbursement 10 / 12 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Kelly Ayotte <hr/> Mailing Address PO Box 233 <hr/> City Nashua State NH Zip Code 03061-0233 <hr/> Purpose of Disbursement Contribution Candidate Name Kelly A. Ayotte <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-2640-1676-e Date of Disbursement 10 / 06 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

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

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

FOR LINE NUMBER: (check only one)

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

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

**A.**

Full Name (Last, First, Middle Initial)  
Marsha Blackburn For Congress

**Transaction ID:** SB23-2629-1677-e  
Date of Disbursement

Mailing Address PO Box 682185

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

City Franklin State TN Zip Code 37068-2185

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
Marsha Blackburn

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: TN District: 07

**B.**

Full Name (Last, First, Middle Initial)  
Peters For Congress

**Transaction ID:** SB23-2363-1680-e  
Date of Disbursement

Mailing Address PO Box 226

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

City Bloomfield State MI Zip Code 48303-0226

Amount of Each Disbursement this Period

1000.00
---------

Purpose of Disbursement  
Contribution

**011**  
Category/  
Type

Candidate Name  
Gary Peters

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 09

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

<b>3000.00</b>
----------------

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

<b>6000.00</b>
----------------