



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

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

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>		102093.93
(b) Cash on Hand at Beginning of Reporting Period.....	55345.41	
(c) Total Receipts (from Line 19) .....	22973	405717.7
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	78318.41	507811.63
7. Total Disbursements (from Line 31).....	35685.48	465178.7
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	42632.93	42632.93
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

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).....	21750	355425
(ii) Unitemized .....	200	18350
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	21950	373775
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	17000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	21950	390775
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	100
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	3000
17. Other Federal Receipts (Dividends, Interest, etc.).....	1023	11842.7
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))..... ▶	22973	405717.7
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22973	405717.7

**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 .....	685.48	12278.7
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	685.48	12278.7
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	33500	451000
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 .....	1500	1900
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1500	1900
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	35685.48	465178.7
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	35685.48	465178.7

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	21950	390775
34. Total Contribution Refunds (from Line 28(d)) .....	1500	1900
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20450	388875
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	685.48	12278.7
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	100
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	685.48	12178.7

**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 22  
(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. Paul Adams**  
Full Name (Last, First, Middle Initial)  
Mailing Address 15328 32nd Avenue SE  
City Mill Creek State WA Zip Code 98012-8311  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Sound Financial Group Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **1000**

Date of Receipt **09 / 15 / 2014**  
**Transaction ID : 2626-5335-c**  
Amount of Each Receipt this Period **200**  
Contribution

**B. Kristin L. Barens**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2321 Edgewater Way  
City Santa Barbara State CA Zip Code 93109  
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 **1000**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 186-5334-c**  
Amount of Each Receipt this Period **1000**  
Contribution

**C. Christopher Battersby**  
Full Name (Last, First, Middle Initial)  
Mailing Address 51 Mitchell Road  
City Holliston State MA Zip Code 01746-2469  
FEC ID number of contributing federal political committee. **C**  
Name of Employer New York Life Occupation Financial Advisor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500**

Date of Receipt **09 / 30 / 2014**  
**Transaction ID : 2659-5346-c**  
Amount of Each Receipt this Period **500**  
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 7 OF 22  
(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. Howard B. Edelstein**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 48 Lyman Circle  
 City State Zip Code  
 Shaker Heights OH 44122-2119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Edelstein Financial Corp. 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  
 09 / 17 / 2014  
**Transaction ID : 273-5332-c**  
 Amount of Each Receipt this Period  
 200  
 Contribution

**B. Kenneth R. Ehinger**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6618 NW Meridian Ridge Drive  
 City State Zip Code  
 Portland OR 97210-6600  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 M Financial Group President/CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 04 / 2014  
**Transaction ID : 2684-5315-c**  
 Amount of Each Receipt this Period  
 250  
 Contribution

**C. Steven A. Ferrara**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1150 Raritan Road  
 City State Zip Code  
 Cranford NJ 07016-3369  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Northeast Planning Corp. 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  
 09 / 04 / 2014  
**Transaction ID : 3216-5311-c**  
 Amount of Each Receipt this Period  
 2000  
 Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2450.00  
**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 22
	<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. David John Gagnon</b>		Date of Receipt MM / DD / YYYY 09 / 04 / 2014 <b>Transaction ID : 3190-5316-c</b>
Mailing Address 2 Haven Street Unit 307		Amount of Each Receipt this Period 1000
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. Laurence E. Herman</b>		Date of Receipt MM / DD / YYYY 09 / 05 / 2014 <b>Transaction ID : 405-5318-c</b>
Mailing Address 715 Enterprise Drive		Amount of Each Receipt this Period 750
City Oak Brook	State IL	Zip Code 60523-1907
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Herman Agency, Inc.	Occupation Life Insurance Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1750	

Full Name (Last, First, Middle Initial) <b>C. Harry Hoopis</b>		Date of Receipt MM / DD / YYYY 09 / 01 / 2014 <b>Transaction ID : 2996-5313-c</b>
Mailing Address 790 W Frontage Road		Amount of Each Receipt this Period 250
City Northfield	State IL	Zip Code 60093-1204
FEC ID number of contributing federal political committee. C	Contribution	
Name of Employer Hoopis Performance Network	Occupation Agent	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 950	

<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 9 OF 22  
(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. Matt McAvoy**

Mailing Address 14020 Melrose Street

City Overland Park      State KS      Zip Code 66221-8092

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

Name of Employer Target Insurance Services      Occupation Sales

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  
 09 / 10 / 2014  
**Transaction ID : 597-5321-c**

Amount of Each Receipt this Period  
**2500**

Contribution

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

Mailing Address 1611 Stonehill Way

City Bethlehem      State PA      Zip Code 18015-8964

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

Name of Employer MFP Strategies      Occupation Managing Partner

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  
 09 / 24 / 2014  
**Transaction ID : 641-5345-c**

Amount of Each Receipt this Period  
**5000**

Contribution

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

Mailing Address 515 S Flower Street  
Floor 33

City Los Angeles      State CA      Zip Code 90071-2246

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

Name of Employer Northwestern Mutual      Occupation Managing Partner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : 3448-5347-c**

Amount of Each Receipt this Period  
**1000**

Contribution

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **8500.00**

**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 OF 22  
(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)**

Full Name (Last, First, Middle Initial)  
**A. David Rosuck**

Mailing Address 20 St John

City Woods State IL Zip Code 60047

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

Name of Employer Pacific Life Occupation Life Insurance Agent

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  
**09 / 04 / 2014**

**Transaction ID : 840-5317-c**

Amount of Each Receipt this Period  
**500**

Contribution

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

Mailing Address 120 Broadway Floor 37

City New York State NY Zip Code 10271

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

Name of Employer Guardian Life Occupation Life Insurance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 10 / 2014**

**Transaction ID : 142-5351-c**

Amount of Each Receipt this Period  
**1500**

Contribution

Full Name (Last, First, Middle Initial)  
**c. Gary D. Sirak**

Mailing Address 4700 Dressler Road NW

City Canton State OH Zip Code 44718-2511

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

Name of Employer Guardian Life Insurance Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1500**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**09 / 16 / 2014**

**Transaction ID : 2974-5337-c**

Amount of Each Receipt this Period  
**500**

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: PAGE 11 OF 22  
(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. Henry B. Thomas**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 E Franklin Street  
Suite 300

City Baltimore State MD Zip Code 21202-2239

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

Name of Employer Cornerstone Financial, LLP Occupation Life Insurance Agent

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt **09 / 09 / 2014**  
**Transaction ID : 967-5319-c**

Amount of Each Receipt this Period **1200**

Contribution

**B. J. Richard Thomas Jr.**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 E Franklin Street  
Suite 300

City Baltimore State MD Zip Code 21202-2239

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

Name of Employer Cornerstone Financial LLP Occupation Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt **09 / 02 / 2014**  
**Transaction ID : 2817-5314-c**

Amount of Each Receipt this Period **1200**

Contribution

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

Mailing Address 321 Piazza Lido

City Newport Beach State CA Zip Code 92663-4647

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

Name of Employer Tippet Moorhead Financial Occupation Managing Partner

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **09 / 12 / 2014**  
**Transaction ID : 3564-5336-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: PAGE 12 OF 22  
(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. John Waters**

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 ▼  
 1200

Date of Receipt  
 09 / 10 / 2014  
**Transaction ID : 3191-5320-c**

Amount of Each Receipt this Period  
 1200

Contribution

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

Mailing Address 1802 W Hamilton Street

City Allentown State PA Zip Code 18104-5630

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

Name of Employer Cornerstone Advisors Occupation Insurance

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 1000

Date of Receipt  
 09 / 23 / 2014  
**Transaction ID : 1055-5338-c**

Amount of Each Receipt this Period  
 500

Contribution

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).....▶	1700.00
<b>TOTAL</b> This Period (last page this line number only).....▶	21750.00

**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 OF 22
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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

**A. AALU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11921 Freedom Dr  
Suite 1100  
City Reston State VA Zip Code 20190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**11842.7**

Date of Receipt  
**09 / 04 / 2014**  
**Transaction ID : 1186-5312-m**  
Amount of Each Receipt this Period  
**337.52**  
PAC Merchant Fee Reimbursement

**B. AALU**  
Full Name (Last, First, Middle Initial)  
Mailing Address 11921 Freedom Dr  
Suite 1100  
City Reston State VA Zip Code 20190  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**11842.7**

Date of Receipt  
**09 / 19 / 2014**  
**Transaction ID : 1186-5333-m**  
Amount of Each Receipt this Period  
**685.48**  
PAC Merchant Fee Reimbursement

**C.**  
Full Name (Last, First, Middle Initial)  
Mailing Address  
City State Zip Code  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
**/    /**  
Amount of Each Receipt this Period  
  
PAC Merchant Fee Reimbursement

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1023.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1023.00</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)

<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

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B-3119-5349-e

Amount of Each Disbursement this Period

36.5

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

MM / DD / YYYY  
09 / 03 / 2014

Transaction ID : SB21B-3096-5350-e

Amount of Each Disbursement this Period

648.98

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

685.48

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

685.48

**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  
Contribution

011

Candidate Name

**Adrian Smith**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-2878-5324-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**B. America's Future Fund PAC**

Mailing Address 150 Smokerise Drive

City State Zip Code  
Wadsworth OH 44281-8701

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-3562-5327-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. BADGERPAC**

Mailing Address PO Box 70980

City State Zip Code  
Washington DC 20024-0980

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

**Transaction ID : SB23-3015-5341-e**

Amount of Each Disbursement this Period

2500

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

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

4000.00

**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. Becerra For Congress**

Mailing Address PO Box 71584

City Los Angeles State CA Zip Code 90071

Purpose of Disbursement  
Contribution

011

Candidate Name

**Xavier Becerra**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 34

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : SB23-1200-5329-e**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : SB23-1201-5331-e**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0

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

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: PA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	1	4

**Transaction ID : SB23-3211-5325-e**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

4	0	0	0	0	0	0	0	0	0

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial)

**A. Carper For Senate**

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805

Purpose of Disbursement Contribution

011

Candidate Name

**Thomas R. Carper**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: DE District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB23-2329-5340-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Citizens For Turner**

Mailing Address 120 W 2nd Street Suite 1510

City Dayton State OH Zip Code 45402-1603

Purpose of Disbursement Contribution

011

Candidate Name

**Michael Turner**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: OH District: 10

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB23-3565-5343-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Concerned Americans For Freedom & Opportunity PAC**

Mailing Address 228 S Washington Street Suite 115

City Alexandria State VA Zip Code 22314-5404

Purpose of Disbursement Contribution

011

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB23-3542-5339-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. 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

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-2336-5326-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Friends of Dennis Ross**

Mailing Address 133 Harbor Drive S

City Venice State FL Zip Code 34285-2214

Purpose of Disbursement  
Contribution

011

Candidate Name

**Dennis Alan Ross**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB23-2962-5304-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

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

Mailing Address 700 13th Street NW  
Suite 600

City Washington State DC Zip Code 20005-5998

Purpose of Disbursement  
Contribution

011

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-3131-5323-e**

Amount of Each Disbursement this Period

2000

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

5500.00

**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 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  
State: GA District: 05

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB23-2406-5309-e**

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**B. 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  
State: CT District: 01

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-2250-5328-e**

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C. Mark Pryor For US Senate**

Mailing Address PO Box 2720

City Little Rock State AR Zip Code 72203-2720

Purpose of Disbursement  
Contribution

011

Candidate Name

**Mark L. Pryor**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: AR District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB23-3350-5308-e**

Amount of Each Disbursement this Period

2500

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

5500.00

**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. Pascrell For Congress**

Mailing Address PO Box 100

City Teaneck State NJ Zip Code 07666

Purpose of Disbursement Contribution

011

Candidate Name

**William J. Pascrell**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: NJ District: 09

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB23-2335-5330-e**

Amount of Each Disbursement this Period

2000

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

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB23-2331-5310-e**

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**C. Perdue For Senate**

Mailing Address 3110 Maple Drive NE Suite 400

City Atlanta State GA Zip Code 30305-2650

Purpose of Disbursement Contribution

011

Candidate Name

**David Perdue**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: GA District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

**Transaction ID : SB23-3498-5305-e**

Amount of Each Disbursement this Period

2500

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

5500.00

**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. Pete Sessions For Congress**

Mailing Address PO Box 823047

City Dallas State TX Zip Code 75382-3047

Purpose of Disbursement Contribution

011

Candidate Name

**Pete Sessions**

Category/Type

Office Sought:  House  Senate  President

Disbursement For: 2014  
 Primary  General  Other (specify) ▼

State: TX District: 32

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SB23-3341-5307-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. 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

MM / DD / YYYY  
09 / 09 / 2014

Transaction ID : SB23-3315-5306-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB23-2839-5342-e

Amount of Each Disbursement this Period

2500

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

6000.00

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

33500.00

**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. Robert M. Birgen**

Mailing Address 1756 Via Alegre

City San Dimas State CA Zip Code 91773

Purpose of Disbursement Refund

010

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB28a-797-5344-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

**B. Kristin Gustin**

Mailing Address 3200 Bristol Street Suite 600

City Costa Mesa State CA Zip Code 92626-1810

Purpose of Disbursement Refund

010

Candidate Name

Category/Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : SB28a-3554-5322-e

Amount of Each Disbursement this Period

500

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

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

1500.00

1500.00