

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="102093.93"/>	<input type="text" value="102093.93"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="82223.77"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35743.05"/>	<input type="text" value="268200.09"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="117966.82"/>	<input type="text" value="370294.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="67122.89"/>	<input type="text" value="319450.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="50843.93"/>	<input type="text" value="50843.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Association for Advanced Life Underwriting PAC (AALU PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y 04 / 30 / 2014

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).....	25150	238600
(ii) Unitemized	2750	11550
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27900	250150
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	2000	7000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	29900	257150
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	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	2000	3000
17. Other Federal Receipts (Dividends, Interest, etc.).....	3843.05	8050.09
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))..... ▶	35743.05	268200.09
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	35743.05	268200.09

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	1122.89	8050.09
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1122.89	8050.09
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	66000	311000
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	0	400
(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)).....	0	400
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)) ..	67122.89	319450.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	67122.89	319450.09

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29900	257150
34. Total Contribution Refunds (from Line 28(d))	0	400
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29900	256750
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1122.89	8050.09
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1122.89	8050.09

**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 30
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

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

Full Name (Last, First, Middle Initial) A. Hiram Arnaud		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2014 Transaction ID : 3246-5076-c
Mailing Address 120 Broadway Floor 37		Amount of Each Receipt this Period 2200
City New York	State NY	Zip Code 10271-0014
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Strategies for Wealth	Occupation Financial Representative	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2200	

Full Name (Last, First, Middle Initial) B. Robert M. Birgen		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 02 / 2014 Transaction ID : 797-5027-c
Mailing Address 1756 Via Alegre		Amount of Each Receipt this Period 1000
City San Dimas	State CA	Zip Code 91773
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Abridge Partners LLC	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

Full Name (Last, First, Middle Initial) c. G. Scott Cahill		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 28 / 2014 Transaction ID : 96-5067-c
Mailing Address PO Box 3191		Amount of Each Receipt this Period 1000
City Orlando	State FL	Zip Code 32802-3191
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Fulcrum Partners, LLC	Occupation Managing Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000	

SUBTOTAL of Receipts This Page (optional).....▶	4200.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Donald D. Cameron
 Full Name (Last, First, Middle Initial)
 Mailing Address 18 Lincoln Ln
 PO Box 302
 City Newcastle State ME Zip Code 04553
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cameron, Dietz & Company LLC Occupation Financial Adviser
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500

Date of Receipt 04 / 02 / 2014
Transaction ID : 98-5030-c
 Amount of Each Receipt this Period 500
 Contribution

B. Alexander A. Chernoff
 Full Name (Last, First, Middle Initial)
 Mailing Address 725 Rxr Plaza, East Tower
 City Garden City State NY Zip Code 11556
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chernoff Diamond & Co., LLC Occupation Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000

Date of Receipt 04 / 28 / 2014
Transaction ID : 116-5070-c
 Amount of Each Receipt this Period 1000
 Contribution

C. Michael P. Corry
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Daniel Road
 City Saint Louis State MO Zip Code 63124-1470
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Todd Organization Occupation Principal
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500

Date of Receipt 04 / 16 / 2014
Transaction ID : 204-5036-c
 Amount of Each Receipt this Period 500
 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: (check only one)	PAGE 9 OF 30
<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. H. Thomas Hollinger
Full Name (Last, First, Middle Initial)
Mailing Address 17 Quail Crossing Rd
City Wilmington State DE Zip Code 19807
FEC ID number of contributing federal political committee. **C**
Name of Employer Newton One Advisors Occupation CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500

Date of Receipt 04 / 30 / 2014
Transaction ID : 425-5057-c
Amount of Each Receipt this Period 500
Contribution

B. Chris T. Kelm
Full Name (Last, First, Middle Initial)
Mailing Address 300 E Sonterra Boulevard Suite 1100
City San Antonio State TX Zip Code 78258-4074
FEC ID number of contributing federal political committee. **C**
Name of Employer Kelm Financial Services Occupation Financial Advisor
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250

Date of Receipt 04 / 08 / 2014
Transaction ID : 3166-5022-c
Amount of Each Receipt this Period 250
Contribution

C. Bruce F. McGuirk
Full Name (Last, First, Middle Initial)
Mailing Address 6002 Armfield Court
City Summerfield State NC Zip Code 27358-9128
FEC ID number of contributing federal political committee. **C**
Name of Employer John Hancock Brokerage Occupation Regional Director
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000

Date of Receipt 04 / 28 / 2014
Transaction ID : 607-5069-c
Amount of Each Receipt this Period 1000
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1750.00
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 10 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. James M. McKeone
Full Name (Last, First, Middle Initial)

Mailing Address 59 School Street

City Hingham State MA Zip Code 02043-2915

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

Name of Employer Institutional Insurance Grp Occupation President

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
04 / 11 / 2014

Transaction ID : 1098-5034-c

Amount of Each Receipt this Period
2000

Contribution

B. Gwen M. Middeke
Full Name (Last, First, Middle Initial)

Mailing Address 55 Forest Valley Court

City Saint Charles State MO Zip Code 63301-8718

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

Name of Employer The Todd Org. of St. Louis Occupation 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
04 / 24 / 2014

Transaction ID : 630-5058-c

Amount of Each Receipt this Period
1200

Contribution

C. David M. Morris
Full Name (Last, First, Middle Initial)

Mailing Address 205 Paddington Road

City Baltimore State MD Zip Code 21212-3438

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

Name of Employer Tribridge Partners LLC Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : 648-5062-c

Amount of Each Receipt this Period
1000

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	4200.00
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 11 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. C. Bayne Northern
Full Name (Last, First, Middle Initial)
Mailing Address 121 Llanfair Road
City Ardmore State PA Zip Code 19003-3341
FEC ID number of contributing federal political committee. **C**
Name of Employer Penn Mutual Insurance Occupation VP, Ind. Financial Network
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1200

Date of Receipt 04 / 01 / 2014
Transaction ID : 2806-5024-c
Amount of Each Receipt this Period 1200
Contribution

B. Albert W. Papa
Full Name (Last, First, Middle Initial)
Mailing Address 101 W Big Beaver Road Suite 600
City Troy State MI Zip Code 48084-5282
FEC ID number of contributing federal political committee. **C**
Name of Employer Cambridge Consulting Grp Occupation Chairman/CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000

Date of Receipt 04 / 02 / 2014
Transaction ID : 691-5023-c
Amount of Each Receipt this Period 2000
Contribution

C. David Peacock
Full Name (Last, First, Middle Initial)
Mailing Address 5420 LBJ Freeway Suite 1300
City Dallas State TX Zip Code 75240
FEC ID number of contributing federal political committee. **C**
Name of Employer The Todd Organization Occupation Financial Services
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500

Date of Receipt 04 / 28 / 2014
Transaction ID : 700-5066-c
Amount of Each Receipt this Period 500
Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 3700.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 30
<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. Lloyd H. Polmateer
 Full Name (Last, First, Middle Initial)
 Mailing Address 7101 Wisconsin Avenue
 Suite 1200
 City Bethesda State MD Zip Code 20814-4884
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 First Financial Group President and CEO
 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
 04 / 28 / 2014
Transaction ID : 2723-5071-c
 Amount of Each Receipt this Period
 1000
 Contribution

B. Ezra H. Ripple IV
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 N Main Street
 City West Hartford State CT Zip Code 06107-1933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 LRI LLC Life Insurance Agent
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 24 / 2014
Transaction ID : 757-5061-c
 Amount of Each Receipt this Period
 1000
 Contribution

C. Lynne Rosenberg Kidd
 Full Name (Last, First, Middle Initial)
 Mailing Address 200 N Sepulveda Boulevard
 Suite 900
 City El Segundo State CA Zip Code 90245-5606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Innovative Solutions Ins. President
 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
 04 / 09 / 2014
Transaction ID : 3515-5029-c
 Amount of Each Receipt this Period
 250
 Contribution

SUBTOTAL of Receipts This Page (optional).....▶	2250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 30
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

A. Thomas J. Scalici
 Full Name (Last, First, Middle Initial)
 Mailing Address 221 N 28th Street
 City Allentown State PA Zip Code 18104-5339
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cornerstone Inst. Investors Occupation CEO
 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
 04 / 14 / 2014
Transaction ID : 1099-5035-c
 Amount of Each Receipt this Period
 1200
 Contribution

B. Richard St. Jean
 Full Name (Last, First, Middle Initial)
 Mailing Address 101 Federal Street Suite 800
 City Boston State MA Zip Code 02110-1817
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Commonwealth Financial Group Occupation CEO & Managing Partner
 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
 04 / 08 / 2014
Transaction ID : 3182-5028-c
 Amount of Each Receipt this Period
 250
 Contribution

C. Matthew S. Tassej
 Full Name (Last, First, Middle Initial)
 Mailing Address 5 Reggio Avenue
 City Old Orchd Beach State ME Zip Code 04064-2709
 FEC ID number of contributing federal political committee. **C**
 Name of Employer E A Scribner Insurance Occupation Insurance Broker
 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
 04 / 28 / 2014
Transaction ID : 955-5068-c
 Amount of Each Receipt this Period
 500
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1950.00
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 14 OF 30
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Triplett Financial & Insurance Services LLC

Full Name (Last, First, Middle Initial)
Mailing Address 1731 Technology Drive
Suite 630

City San Jose State CA Zip Code 95110-1312

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

Name of Employer Occupation

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
04 / 23 / 2014

Transaction ID : 3046-5055-c

Amount of Each Receipt this Period
1200

Partnership: See Attribution

B. Michael Weinberg

Full Name (Last, First, Middle Initial)
Mailing Address 4 Milestone Road

City Rye Brook State NY Zip Code 10573-1081

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

Name of Employer Occupation
Guardian Registered Representative

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
04 / 10 / 2014

Transaction ID : 2952-5038-c

Amount of Each Receipt this Period
500

Contribution

C. David P. Wilken

Full Name (Last, First, Middle Initial)
Mailing Address 4265 Foxberry Court

City Medina State MN Zip Code 55340-9390

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

Name of Employer Occupation
Voya Financial Sales Management

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **700**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 1040-5051-c

Amount of Each Receipt this Period
700

Contribution

SUBTOTAL of Receipts This Page (optional).....	2400.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 30
(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. John R. Yaissle
Full Name (Last, First, Middle Initial)

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 Mgmt Resources Occupation Insurance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500**

Date of Receipt **04 / 10 / 2014**

Transaction ID : 1055-5052-c

Amount of Each Receipt this Period **500**

Contribution

B. Raymond J. Triplett
Full Name (Last, First, Middle Initial)

Mailing Address 1731 Technology Drive Suite 530

City San Jose State CA Zip Code 95110-1329

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

Name of Employer New York Life Occupation Life Insurance Agent

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1200**

Date of Receipt **04 / 23 / 2014**

Transaction ID : 985-5055-1-P

Amount of Each Receipt this Period **1200**

Partnership Attribution

[MEMO ITEM]
Partnership Subitemization of Triplett Financial & Insurance Services LLC

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

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	25150.00

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

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

FOR LINE NUMBER: PAGE 16 OF 30
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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. Aegon USA LLC/TransAmerica Corp. PAC
Full Name (Last, First, Middle Initial)
Mailing Address 600 13th Street NW
Suite 400B
City Washington State DC Zip Code 20005-3005
FEC ID number of contributing federal political committee. **C** C00236414
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ 2000

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 08 / 2014
Transaction ID : 2467-5014-c
Amount of Each Receipt this Period
2000
Contribution

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

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

Date of Receipt
M M / D D / Y Y Y Y Y Y
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	2000.00

**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 17 OF 30
<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)

Full Name (Last, First, Middle Initial) A. AALU		Date of Receipt
Mailing Address 11921 Freedom Dr Suite 1100		<input type="text" value="04"/> / <input type="text" value="08"/> / <input type="text" value="2014"/>
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 1186-5015-m
Name of Employer		Amount of Each Receipt this Period <input type="text" value="2720.16"/>
Occupation		PAC Merchant Fee Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="8050.09"/>	

Full Name (Last, First, Middle Initial) B. AALU		Date of Receipt
Mailing Address 11921 Freedom Dr Suite 1100		<input type="text" value="04"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City Reston	State VA	Zip Code 20190
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : 1186-5056-m
Name of Employer		Amount of Each Receipt this Period <input type="text" value="1122.89"/>
Occupation		PAC Merchant Fee Reimbursement
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="8050.09"/>	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text"/>
Name of Employer		PAC Merchant Fee Reimbursement
Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="3843.05"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="3843.05"/>

**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 18 OF 30
<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 checked="" 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. Dave Camp For Congress

Full Name (Last, First, Middle Initial)
Mailing Address 5915 Eastman Avenue
Suite 100

City Midland State MI Zip Code 48640-6824

FEC ID number of contributing federal political committee. **C** C00347476

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000

Date of Receipt
MM / DD / YYYY
04 / 29 / 2014

Transaction ID : 5079000

Amount of Each Receipt this Period
2000

Refund: Orig. Cont. on 9/27/13 & 2/8/14

B.

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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	2000.00

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 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. First Choice Merchants

Mailing Address 2 Skillman Street
Suite 203

City Brooklyn State NY Zip Code 11205-1549

Purpose of Disbursement
PAC Merchant Fee

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B-3096-5078-e

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement
Contribution

011

Candidate Name

Ann L. Wagner

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SB23-3144-5031-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Ann Wagner For Congress

Mailing Address PO Box 50

City Ballwin State MO Zip Code 63022-0050

Purpose of Disbursement
Contribution

011

Candidate Name

Ann L. Wagner

Category/
Type

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : SB23-3144-5032-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Bob Casey For Senate Inc.

Mailing Address PO Box 58746

City Philadelphia State PA Zip Code 19102-8746

Purpose of Disbursement
Contribution

011

Candidate Name

Robert P. Casey Jr.

Category/
Type

Office Sought: House
 Senate
 President
State: PA District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SB23-3211-5049-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. 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

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SB23-3211-5050-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Byrne For Congress Inc.

Mailing Address PO Box 2743

City Mobile State AL Zip Code 36652-2743

Purpose of Disbursement Contribution

011

Candidate Name
Bradley Roberts Byrne

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: AL District: 01

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SB23-3396-5041-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

C. Cathy McMorris Rodgers For Congress

Mailing Address PO Box 137

City Spokane State WA Zip Code 99210-0137

Purpose of Disbursement Contribution

011

Candidate Name
Cathy McMorris Rodgers

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: WA District: 05

Date of Disbursement

MM / DD / YYYY
04 / 11 / 2014

Transaction ID : SB23-3512-5017-e

Amount of Each Disbursement this Period

1000

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

4000.00

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. Chris Gibson For Congress

Mailing Address PO Box 255

City Kinderhook State NY Zip Code 12106-0255

Purpose of Disbursement Contribution

011

Candidate Name

Chris P. Gibson

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: NY District: 19

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-3072-4995-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

B. Committee To Re-Elect Linda Sanchez

Mailing Address 410 1st Street SE Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement Contribution

011

Candidate Name

Linda Sanchez

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 38

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SB23-3411-5042-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

C. Common Sense Colorado

Mailing Address PO Box 1978

City Denver State CO Zip Code 80201-1978

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
04 / 04 / 2014

Transaction ID : SB23-3501-4996-e

Amount of Each Disbursement this Period

5000

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

9000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)

Association for Advanced Life Underwriting PAC (AALU PAC)

Full Name (Last, First, Middle Initial)

A. Crowley For Congress

Mailing Address 8456 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

Purpose of Disbursement
Contribution

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SB23-1198-5045-e

Amount of Each Disbursement this Period

1	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Crowley For Congress

Mailing Address 8456 Grand Avenue

City Elmhurst State NY Zip Code 11373-4352

Purpose of Disbursement
Contribution

011

Candidate Name

Joseph Crowley

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NY District: 14

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SB23-1198-5046-e

Amount of Each Disbursement this Period

3	5	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. First State PAC

Mailing Address PO Box 3006

City Wilmington State DE Zip Code 19804-0006

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

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

Transaction ID : SB23-3349-4998-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	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. Friends of Chris Murphy

Mailing Address PO Box 127

City Cheshire State CT Zip Code 06410-0127

Purpose of Disbursement Contribution

011

Candidate Name

Christopher S. Murphy

Category/Type

Office Sought: House Senate President

Disbursement For: 2018
 Primary General
 Other (specify) **Convention 2018**

State: CT District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-2936-4994-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Friends of Dave Joyce

Mailing Address 320 Kenarden Drive

City Cleveland State OH Zip Code 44143-3710

Purpose of Disbursement Contribution

011

Candidate Name

David P. Joyce

Category/Type

Office Sought: House Senate President

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

State: OH District: 14

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-3502-4997-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Friends of Jack Kingston

Mailing Address PO Box 2133

City Savannah State GA Zip Code 31402-2133

Purpose of Disbursement Contribution

011

Candidate Name

John H. Kingston

Category/Type

Office Sought: House Senate President

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

State: GA District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-3504-4999-e

Amount of Each Disbursement this Period

2500

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

4500.00

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

**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 Todd Young

Mailing Address PO Box 1053

City Bloomington State IN Zip Code 47402-1053

Purpose of Disbursement
Contribution

011

Candidate Name
Todd Christopher Young

Category/
Type

Office Sought: House
 Senate
 President
State: IN District: 09

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23-3289-5004-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Handel For Senate Inc.

Mailing Address 3970 Old Milton Parkway

City Alpharetta State GA Zip Code 30005-6408

Purpose of Disbursement
Contribution

011

Candidate Name
Karen C. Handel

Category/
Type

Office Sought: House
 Senate
 President
State: GA District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB23-3496-4992-e

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

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

Mailing Address 410 1st Street SE
Suite 310

City Washington State DC Zip Code 20003-1819

Purpose of Disbursement
Contribution

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SB23-3131-5043-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

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

4	5	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. Menendez For Senate

Mailing Address PO Box 32248

City Newark State NJ Zip Code 07102-0648

Purpose of Disbursement Contribution

011

Candidate Name

Robert Menendez

Category/Type

Office Sought: House Senate President

Disbursement For: 2018 Primary General Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2014

Transaction ID : SB23-2615-5016-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. Mike Kelly For Congress

Mailing Address PO Box 476

City Lyndora State PA Zip Code 16045-0476

Purpose of Disbursement Contribution

011

Candidate Name

George J. Kelly

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: PA District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	11	/	2014

Transaction ID : SB23-3142-5018-e

Amount of Each Disbursement this Period

4000

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi For Congress

Mailing Address 700 13th Street NW Suite 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement Contribution

011

Candidate Name

Nancy Pelosi

Category/Type

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SB23-3413-5001-e

Amount of Each Disbursement this Period

2500

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

11500.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi For Congress

Mailing Address 700 13th Street NW
Suite 600

City Washington State DC Zip Code 20005-3960

Purpose of Disbursement
Contribution

011

Candidate Name

Nancy Pelosi

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SB23-3413-5002-e

Amount of Each Disbursement this Period

5000

Full Name (Last, First, Middle Initial)

B. 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

M M M	/	D D D	/	Y Y Y Y Y
04	/	04	/	2014

Transaction ID : SB23-3498-4993-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

C. Pioneer PAC

Mailing Address 701 8th Street NW
Suite 500

City Washington State DC Zip Code 20001-3965

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

M M M	/	D D D	/	Y Y Y Y Y
04	/	25	/	2014

Transaction ID : SB23-3516-5040-e

Amount of Each Disbursement this Period

2500

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

10000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Schatz For Senate

Mailing Address PO Box 3828

City Honolulu State HI Zip Code 96812-3828

Purpose of Disbursement
Contribution

011

Candidate Name

Brian Schatz

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: HI District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SB23-3263-5044-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

B. Schock For Congress

Mailing Address PO Box 10555

City Peoria State IL Zip Code 61612-0555

Purpose of Disbursement
Contribution

011

Candidate Name

Aaron Jon Schock

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		2	5		2	0	1	4

Transaction ID : SB23-2770-5047-e

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

C. Scott Garrett For Congress

Mailing Address PO Box 905

City Newton State NJ Zip Code 07860-0905

Purpose of Disbursement
Contribution

011

Candidate Name

Scott Garrett

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 05

Date of Disbursement

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

Transaction ID : SB23-2513-5033-e

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0

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

4	5	0	0	0	0	0	0	0	0

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

4	5	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. Stivers For Congress

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220-8113

Purpose of Disbursement Contribution

011

Candidate Name

Steve Stivers

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: OH District: 15

Date of Disbursement

MM / DD / YYYY
04 / 25 / 2014

Transaction ID : SB23-2670-5048-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

B. Stutzman For Congress

Mailing Address PO Box 129

City Howe State IN Zip Code 46746-0129

Purpose of Disbursement Contribution

011

Candidate Name

Marlin A. Stutzman

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: IN District: 03

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-2983-5000-e

Amount of Each Disbursement this Period

2500

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement Contribution

011

Candidate Name

Timothy E. Scott

Category/Type

Office Sought: House Senate President

Disbursement For: 2014
 Primary General Other (specify) ▼

State: SC District:

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23-3230-5003-e

Amount of Each Disbursement this Period

2500

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

7000.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Vern Buchanan For Congress

Mailing Address PO Box 48928

City Sarasota State FL Zip Code 34230-5928

Purpose of Disbursement
Contribution

011

Candidate Name

Vernon Buchanan

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: FL District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		04		2014

Transaction ID : SB23-2706-5006-e

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00

66000.00
