

**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)..... ▶