

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED
FEC MAIL ROOM
2002 JAN 31 P 1:04

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines. 12F84M5

A.M.E.R.I.C.A.N. B.E.N.E.F.I.T.S. C.O.U.N.C.I.L.
P.O.L.I.T.I.C.A.L. A.C.T.I.O.N. C.O.M.M.I.T.T.E.E.

ADDRESS (number and street) 1212 New York Ave. N.W. #1250

City Washington State DC ZIP CODE 20005-3987

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00153171

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(b) Monthly Report Due On:

Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)

Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)

Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

Primary (12P) General (12G) Runoff (12R)

Convention (12C) Special (12S)

Election on / / In the State of

(d) 30-Day POST-Election Report for the:

General (30G) Runoff (30R) Special (30S)

Election on / / In the State of

5. Covering Period 07 / 01 / 2001 through 12 / 31 / 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer James A. Klein

Signature of Treasurer *James A. Klein* Date 01 / 24 / 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: 07 / 01 / 2001 To: 12 / 31 / 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2001</u>		801668
(b) Cash on Hand at Beginning of Reporting Period	1000202	
(c) Total Receipts (from Line 19)	106908	967069
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	1106910	1768737
7. Total Disbursements (from Line 30)	290392	952219
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	816518	816518
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Page 3

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: **04** / **01** / **2001** To: **12** / **31** / **2001**

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)		
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	1,006,000	9,500,000
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 38, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	67.08	1,706.91
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	1,067,088	9,670,691
20. Total Federal Receipts (subtract Line 18 from Line 19)	1,067,088	9,670,691

DETAILED SUMMARY PAGE
of Disbursements

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II. Disbursements		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share			
(ii) Non-Federal Share			
(b) Other Federal Operating Expenditures			
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))			
22. Transfers to Affiliated/Other Party Committees			
23. Contributions to Federal Candidates/Committees and Other Political Committees	29,039.2	94,839.5	
24. Independent Expenditures (use Schedule E)			
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (use Schedule F)			
26. Loan Repayments Made			
27. Loans Made			
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees			
(b) Political Party Committees			
(c) Other Political Committees (such as PACs)			
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		382.4	
29. Other Disbursements			
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	29,039.2	95,221.9	
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)	29,039.2	95,221.9	
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans) (from Line 11(d), page 3)	100,000.0	95,000.0	
33. Total Contribution Refunds (from Line 28(d))			
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	100,000.0	95,000.0	
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))			
36. Offsets to Operating Expenditures (from Line 15, page 3)			
37. Net Operating Expenditures (subtract Line 36 from Line 35)			

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

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

FOR LINE NUMBER: PAGE 1 OF 1
(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)
American Benefits Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
PACIFIC LIFE POLITICAL ACTION COMMITTEE

Mailing Address
700 NEWPORT CENTER DRIVE

City
NEWPORT BEACH

State
CA

Zip Code
92660

FEC ID number of contributing federal political committee.
C00068528

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100000

Date of Receipt
11 / 01 / 2001

Amount of Each Receipt this Period
100000

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ▶

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

100000

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

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

FOR LINE NUMBER:		PAGE 4 OF 1	
<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)
American Benefits Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
First Union National Bank (interest)

Mailing Address
P.O. Box 13327

City **Roanoke** State **VA** Zip Code **24040-7314**

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

Name of Employer: _____ Occupation: _____

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
17069

Date of Receipt
12 31 2001

Amount of Each Receipt this Period
67.08

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) ➔

TOTAL This Period (last page this line number only) ➔

67.08

**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)				PAGE 1 OF 2	
<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"/> 28
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 28d	<input type="checkbox"/> 28e	<input type="checkbox"/> 28f

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)
American Benefits Council Political Action Committee

A. DICK ARMEY CAMPAIGN COMMITTEE

Full Name (Last, First, Middle Initial) _____ Date of Disbursement **10/12/2001**

Mailing Address **P.O. BOX 85**

City **LEWISVILLE TX 75067** State **TX** Zip Code **75067**

Purpose of Disbursement _____ Category/Type **011**

Candidate Name **DICK ARMEY R-26**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period **500.00**

B. BILLY TAUZIN CONGRESSIONAL COMMITTEE

Full Name (Last, First, Middle Initial) _____ Date of Disbursement **10/18/2001**

Mailing Address **412 SOUTH VAN**

City **HOUMA LA 70360** State **LA** Zip Code **70360**

Purpose of Disbursement _____ Category/Type **011**

Candidate Name **W.S. "BILLY" TAUZIN R-3**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period **500.00**

C. EARL POMEROY FOR CONGRESS

Full Name (Last, First, Middle Initial) _____ Date of Disbursement **10/22/2001**

Mailing Address **P.O. BOX 746**

City **BISMARCK ND 58502** State **ND** Zip Code **58502**

Purpose of Disbursement _____ Category/Type **011**

Candidate Name **EARL POMEROY D-AT LARGE**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) _____

State: _____ District: _____

Amount of Each Disbursement this Period **500.00**

SUBTOTAL of Disbursements This Page (optional) **1,500.00**

TOTAL This Period (last page this line number only) **1,500.00**

**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)		PAGE 2 OF 2	
<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 26	<input type="checkbox"/> 29
<input type="checkbox"/> 28	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29

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NAME OF COMMITTEE (In Full)
American Benefits Council Political Action Committee

A.

Full Name (Last, First, Middle Initial) **HULSHOF FOR CONGRESS**

Mailing Address **P.O. BOX 1621**

City **COLUMBIA** State **MO** Zip Code **65205**

Purpose of Disbursement **011** Category/Type

Candidate Name **KENNY HULSHOF R-9**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **12/18/2001**

Amount of Each Disbursement this Period **500.00**

B.

Full Name (Last, First, Middle Initial) **COLLINS FOR SENATE**

Mailing Address **P.O. BOX 1096**

City **BANGOR** State **ME** Zip Code **04402**

Purpose of Disbursement **011** Category/Type

Candidate Name **SUSAN COLLINS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **12/11/2001**

Amount of Each Disbursement this Period **500.00**

C.

Full Name (Last, First, Middle Initial) **FRIENDS OF SAM JOHNSON**

Mailing Address **P.O. BOX 860096**

City **PLANO** State **TX** Zip Code **75086**

Purpose of Disbursement **003** Category/Type **IN-KIND CONTRIBUTION**

Candidate Name

Office Bought: House Senate President

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement **12/14/2001**

Amount of Each Disbursement this Period **403.92**

SUBTOTAL of Disbursements This Page (optional)	1403.92
TOTAL This Period (last page this line number only)	2903.92

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

The Commission has added this page to the end of this filing to indicate how it was received:

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt <i>1-31-02</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked _____ and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>dmw</i> PREPARER	<i>1-31-02</i> DATE PREPARED