

**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"/> 28a | <input type="checkbox"/> 28b | <input type="checkbox"/> 28c | <input type="checkbox"/> 28d | <input type="checkbox"/> 28e | <input type="checkbox"/> 28f | <input type="checkbox"/> 28g | <input type="checkbox"/> 28h |

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 **50000**

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 **50000**

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 **50000**

| | |
|-----------------------------------------------------------|---------------|
| SUBTOTAL of Disbursements This Page (optional) | 150000 |
| TOTAL This Period (last page this line number only) | |