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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (in full) — TYPE OR PRINT ▼. Example: If typing, type over the lines.

12FE4M5

AMERICAN BENEFITS COUNCIL
POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ 1212 NEW YORK AVE. NW SUITE 1250

☐ Check if different than previously reported. (ACC)

WASHINGTON | DC | 20005-3987

CITY ▲ | STATE ▲ | ZIP CODE ▲

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)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ 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 11 / 07 / 2006 in the State of DC

5. Covering Period 10 / 01 / 2006 through 11 / 27 / 2006

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 12 / 06 / 2006

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

Office Use Only							

FEC FORM 3X (Rev. 02/2003)

FE3AN037

26039284783

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: 10 / 01 / 2006 To: 11 / 27 / 2006

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2006		99650 5
(b) Cash on Hand at Beginning of Reporting Period	11581 0	
(c) Total Receipts (from Line 19)	13522 20	192019 9
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14680 30	291670 4
7. Total Disbursements (from Line 31)	1019 92	15506 66
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	13660 38	13660 38
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
999 E Street, NW
Washington, DC 20463

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

26053287795

DETAILED SUMMARY PAGE
of Receipts

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: 10 / 01 / 2006 To: 11 / 27 / 2006

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	13500.00	19000.00
(c) Other Political Committees (such as PACs)		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) ▶	13500.00	19000.00
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 37, page 5)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	220.0	201.99
17. Other Federal Receipts (Dividends, Interest, etc.)		
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)		
(b) Levin Funds (from Schedule H5)		
(c) Total Transfers (add 18(a) and 18(b))		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) ▶	13522.20	19210.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	13522.20	19201.99

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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		
(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	1019 92	15487 35
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (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)) ▶		
29. Other Disbursements		9 3 1
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1019 92	15506 66
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	1019 92	15506 66

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	13500.00	19000.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	13500.00	19000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶		
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 36 from Line 35) ▶		

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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 1 OF 2

[ ] 11a [ ] 11b [X] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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): BluePac
Mailing Address: 1310 G Street, N.W.
City: Washington State: DC Zip Code: 20005
FEC ID number of contributing federal political committee: C00194746
Name of Employer:
Occupation:
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 3500.00
Date of Receipt: 10/12/2006
Amount of Each Receipt this Period: 1500.00

B.
Full Name (Last, First, Middle Initial): MassMutual PAC
Mailing Address: 1295 State Street
City: Springfield State: MA Zip Code: 01111
FEC ID number of contributing federal political committee: C00118943
Name of Employer:
Occupation:
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/13/2006
Amount of Each Receipt this Period: 5000.00

C.
Full Name (Last, First, Middle Initial): MedCo PAC
Mailing Address: 591 Redwood Highway #4000 Mail Stop E3-13
City: MillValley State: CA Zip Code: 94941
FEC ID number of contributing federal political committee: C00384362
Name of Employer:
Occupation:
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 2000.00
Date of Receipt: 10/19/2006
Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 8500.00

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

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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 2 OF 2

[ ] 11a [ ] 11b [X] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A.
Full Name (Last, First, Middle Initial): MetLife Employees Political Fund
Mailing Address: 27-01 Queens Plaza North Area 4D
City: Long Island City State: NY Zip Code: 11101
FEC ID number of contributing federal political committee: C00040923
Name of Employer:
Occupation:
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 20 / 2006
Amount of Each Receipt this Period: 5000.00

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) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 13500.00

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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 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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

A.

Full Name (Last, First, Middle Initial): Wachovia 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: 20199

Date of Receipt: 10 / 31 / 2006

Amount of Each Receipt this Period: 2220

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) ▶ 2220

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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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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

A.
Full Name (Last, First, Middle Initial)
Marriott Hotel at Metro Center (in-kind contribution

Date of Disbursement: 11 / 14 / 2006

Mailing Address
FBO Ben Cardin for Senate P.O. Box 21093

City: Catonsville State: MD Zip Code: 21228

Purpose of Disbursement: Fundraiser breakfast

Category/Type: 011

Candidate Name: Ben Cardin

Amount of Each Disbursement this Period: 1019 92

Office Sought: [ ] House [X] Senate [ ] President
State: MD District:

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

B.
Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

C.
Full Name (Last, First, Middle Initial)

Date of Disbursement: / /

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶

TOTAL This Period (last page this line number only) ▶ 1019 92

26039234751

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☑ Hand Delivered	Date of Receipt 12/6/06
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Next Business Day Delivery ☐	
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EL PREPARER	12/6/06 DATE PREPARED

(3/2005)