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Office Use Only

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full) — USE FEC MAILING LABEL OR 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. N.W. #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 ___ / ___ / ___ in the State of ___

5. Covering Period 01 / 01 / 2001 through 06 / 30 / 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 07 / 30 / 2001

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 (Revised 1/01)

FE1AN042

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: 01 01 2001 To: 06 30 2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2001		801668
(b) Cash on Hand at Beginning of Reporting Period	801668	
(c) Total Receipts (from Line 19)	8603611	8603611
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16620 29	16620 29
7. Total Disbursements (from Line 30)	6618 29	6618 27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10002 02	10002 02
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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Revised 1/01)

Write or Type Committee Name
American Benefits Council Political Action Committee

Report Covering the Period: From: 01 01 2001 To: 06 30 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)	1000000	
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	1000000	1000000
(b) Political Party Committees		
(c) Other Policital Committees (such as PACs)	7500000	7500000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) ▶	8500000	8500000
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 36, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	10361	10361
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) ▶	8603361	8603361
20. Total Federal Receipts (subtract Line 18 from Line 19) ▶	8603361	8603361

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Revised 1/01)

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	650003	650003
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)) ▶		
29. Other Disbursements	3824	3824
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) ▶	661827	661827
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30) ▶	661827	661827

III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from Line 11(d), page 3)	850000	850000
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	850000	850000
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: (check only one) PAGE OF

☐ 11a ☐ 11b ☐ 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)
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) ▼
BANK INTEREST

Aggregate Year-to-Date ▼ 1 0 3 6 1

Date of Receipt: 0 6 / 3 0 / 2 0 0 1

Amount of Each Receipt this Period

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) ▶ 1 0 3 6 1

TOTAL This Period (last page this line number only) ▶ 1 0 3 6 1

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): PRINPAC
Mailing Address: 511 HIGH ST.
City: DES MOINES State: IA Zip Code: 50392
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 2000 00
Date of Receipt: 01 / 22 / 2001
Amount of Each Receipt this Period: 2000 00

B.
Full Name (Last, First, Middle Initial): BLUE PAC
Mailing Address: 1310 G ST. NW
City: WASHINGTON State: DC Zip Code: 20005
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 3000 00
Date of Receipt: 04 / 29 / 2001
Amount of Each Receipt this Period: 3000 00

C.
Full Name (Last, First, Middle Initial): HARTFORD ADVOCATES FUND
Mailing Address: HARTFORD PLAZA
City: HARTFORD State: CT Zip Code: 06115
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: ☐ Primary ☒ General ☐ Other (specify)
Aggregate Year-to-Date: 2500 00
Date of Receipt: 05 / 21 / 2001
Amount of Each Receipt this Period: 2500 00

SUBTOTAL of Receipts This Page (optional) ▶ 7500 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) [X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

PAGE 1 OF 1

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

A.
Full Name (Last, First, Middle Initial): JAMES A. KLEIN
Mailing Address: 9512 REACH RD.
City / State / Zip Code: POTOMAC, MD 20854
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [X] General [ ] Other (specify)
Aggregate Year-to-Date: 50000
Date of Receipt: 05 / 14 / 2001
Amount of Each Receipt this Period: 50000

B.
Full Name (Last, First, Middle Initial): ALAN NADEL
Mailing Address: 531 MAIN STREET
City / State / Zip Code: NEW YORK, NY 10044
FEC ID number of contributing federal political committee: C
Name of Employer:
Occupation:
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 50000
Date of Receipt: 05 / 15 / 2001
Amount of Each Receipt this Period: 50000

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) ▶ 100000

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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

PAGE | OF

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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 (SERVICE CHARGE)

Mailing Address: P.O. BOX 13327

City: ROANOKE State: VA Zip Code: 24040-7314

Purpose of Disbursement: BANK SERVICE CHARGE

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ SERVICE CHARGE

Date of Disbursement: 03 09 2001

Amount of Each Disbursement this Period: 45

B.

Full Name (Last, First, Middle Initial): INTERNAL REVENUE SERVICE

Mailing Address:

City: State: Zip Code:

Purpose of Disbursement: TAXES

Category/Type: 001

Candidate Name:

Office Sought: ☐ House ☐ Senate ☐ President

State: District:

Disbursement For: ☐ Primary ☐ General ☒ Other (specify) ▼ TAXES

Date of Disbursement: 03 09 2001

Amount of Each Disbursement this Period: 3779

C.

Full Name (Last, First, Middle Initial):

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) ▶ 3824

FEC Schedule B (Form 3X) (Revised 1/01)

FE1AN042

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 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): FRIENDS OF CLAY SHAW
Date of Disbursement: 03 30 2001
Mailing Address: P.O. BOX 2188
City, State, Zip Code: FT. LAUDERDALE, FL 33303-2188
Amount of Each Disbursement this Period: 500.03
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Category/Type: 003
Candidate Name: E. CLAY SHAW JR.
Office Sought: ☒ House ☐ Senate ☐ President
State: FL District: 22
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

B.
Full Name (Last, First, Middle Initial): WATTS FOR CONGRESS
Date of Disbursement: 05 04 2001
Mailing Address: P.O. BOX 720445
City, State, Zip Code: NORMAN, OK 73070
Amount of Each Disbursement this Period: 500.00
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Category/Type: 011
Candidate Name: J.C. WATTS, JR
Office Sought: ☒ House ☐ Senate ☐ President
State: OK District: 4
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

C.
Full Name (Last, First, Middle Initial): FRIENDS OF MARY LANDRIEU
Date of Disbursement: 04 10 2001
Mailing Address: 503 CAPITOL CT, NE, SUITE 200
City, State, Zip Code: WASHINGTON, DC 20002
Amount of Each Disbursement this Period: 1000.00
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Category/Type: 011
Candidate Name: MARY L LANDRIEU
Office Sought: ☐ House ☒ Senate ☐ President
State: LA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 2080.03

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): RE-ELECT NANCY JOHNSON COMMITTEE
Mailing Address: P.O. BOX 1986
City: NEW BRITAIN State: CT Zip Code: 06050
Purpose of Disbursement: IN-KIND CAMPAIGN CONTRIBUTION
Candidate Name:
Category/Type: 003
Office Sought: ☐ House ☒ Senate ☐ President
State: CT District: 6
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 03 2001
Amount of Each Disbursement this Period: 1000.00

B.
Full Name (Last, First, Middle Initial): GRASSLEY COMMITTEE
Mailing Address: P.O. BOX 1000
City: DES MOINES State: IA Zip Code: 50304
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: IA District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 05 10 2001
Amount of Each Disbursement this Period: 1000.00

C.
Full Name (Last, First, Middle Initial): FRIENDS OF JOHN BOEHNER
Mailing Address: 7908-I CINCINNATI-DAYTON RD.
City: WESTCHESTER State: OH Zip Code: 45069
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name: JOHN A. BOEHNER
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 8
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29

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

A.
Full Name (Last, First, Middle Initial): REKY ON YOUR BELIEFS FUND
Mailing Address: 1300 PENNSYLVANIA AVE, NW SUITE 700
City: WASHINGTON, State: DC, Zip Code: 20004
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name:
Category/Type: 011
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 27 2001
Amount of Each Disbursement this Period: 100000

B.
Full Name (Last, First, Middle Initial): ENZI FOR SENATE
Mailing Address: P.O. BOX 2775
City: CODY, State: WYOMING, Zip Code: 82414
Purpose of Disbursement: CAMPAIGN CONTRIBUTION
Candidate Name: MICHAEL B. ENZI
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: WY District:
Disbursement For: ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 06 21 2001
Amount of Each Disbursement this Period: 500000

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
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) ▶ 150000
TOTAL This Period (last page this line number only) ▶ 658003

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.

☑	Hand Delivered	Date of Receipt 8-6-01
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

JMP
PREPARER

8-6-01
DATE PREPARED

(6/2000)