



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From:    To:

|  | COLUMN A<br>This Period              | COLUMN B<br>Calendar Year-to-Date    |
|--|--------------------------------------|--------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2005"/>                                      |                                      | <input type="text" value="1676133"/> |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="505973"/>  |                                      |
| (c) Total Receipts (from Line 19).....   | <input type="text" value="1554297"/> | <input type="text" value="1738587"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....      | <input type="text" value="2060270"/> | <input type="text" value="3414720"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="1063765"/> | <input type="text" value="2418215"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                 | <input type="text" value="996505"/>  | <input type="text" value="996505"/>  |
| 9. Debts and Obligations Owed TO<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D).....  | <input type="text" value=""/>        |                                      |
| 10. Debts and Obligations Owed BY<br>the Committee (Itemize all on<br>Schedule C and/or Schedule D)..... | <input type="text" value=""/>        |                                      |

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

28038951079

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 02/2003)

Page 3

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2005 To: MM / DD / YYYY 12 / 31 / 2005

**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).....  | 1,550,000.00 | 1,725,000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶  | 1,550,000.00 | 1,725,000.00 |
| 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.....           |              |              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 429.70       | 1,358.70     |
| 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)).....▶                         | 1,554,299.70 | 1,738,588.70 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 1,554,299.70 | 1,738,588.70 |

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**DETAILED SUMMARY PAGE  
of Disbursements**

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements   | COLUMN A<br>Total This Period | COLUMN B<br>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 .....         | 1,062,700                     | 2,417,150                         |
| 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 .....   | 1065                          | 1065                              |
| 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)) ..       | 1,063,765                     | 2,418,215                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ..... | 1,063,765                     | 2,418,215                         |

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 1,550,000                     | 1,725,000                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            |                               |                                   |
| 35. Net Contributions (other than loans)<br>(subtract Line 33 from Line 32) .....    | 1,550,000                     | 1,725,000                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... |                               |                                   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                |                               |                                   |
| 38. Net Operating Expenditures<br>(subtract Line 36 from Line 35) .....              |                               |                                   |

26038951082

**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  |  |
|   | <input type="checkbox"/> 11a<br><input type="checkbox"/> 13 | <input type="checkbox"/> 11b<br><input type="checkbox"/> 14 | <input checked="" type="checkbox"/> 11c<br><input type="checkbox"/> 15 | <input type="checkbox"/> 12<br><input type="checkbox"/> 16 |

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) **CIAB PAC**

Mailing Address  
3150 Spring Street

City State Zip Code  
Fairfax VA 22031

FEC ID number of contributing federal political committee. **C 00075749**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 0 0 0 0 0

Date of Receipt  
0 8 / 1 8 / 2 0 0 5

Amount of Each Receipt this Period  
1 0 0 0 0 0

**B.** Full Name (Last, First, Middle Initial) **Express Scripts PAC**

Mailing Address  
13900 Riverport Drive

City State Zip Code  
Maryland Heights MO 63043

FEC ID number of contributing federal political committee. **C 00365072**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3 0 0 0 0 0

Date of Receipt  
0 9 / 2 0 / 2 0 0 5

Amount of Each Receipt this Period  
3 0 0 0 0 0

**C.** Full Name (Last, First, Middle Initial) **Blue Cross Blue Shield PAC**

Mailing Address  
1310 G Street, N.W.

City State Zip Code  
Washington DC 20005

FEC ID number of contributing federal political committee. **C 00194746**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1 5 0 0 0 0

Date of Receipt  
1 0 / 0 3 / 2 0 0 5

Amount of Each Receipt this Period  
1 5 0 0 0 0

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **5 5 0 0 0 0**

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

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

|   |                                      |                                    |   |                                   |
|---|--------------------------------------|------------------------------------|---|-----------------------------------|
| Use separate schedule(s)<br>for each category of the<br>Detailed Summary Page | FOR LINE NUMBER:<br>(check only one) |                                    | PAGE 2 OF 2                                   |                                   |
|   | <input type="checkbox"/> 11a<br>13   | <input type="checkbox"/> 11b<br>14 | <input checked="" type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>16 |

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

Full Name (Last, First, Middle Initial)  
A. Metlife, Inc. Employees Political Participation Fund A

Mailing Address  
1 Metlife Plaza, 27-01 Queens Plaza North Area

City Long Island City State NY Zip Code 11101

FEC ID number of contributing federal political committee. C 0 0 0 4 0 9 2 3

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5 0 0 0 0 0

Date of Receipt  
1 0 / 1 3 / 2 0 0 5

Amount of Each Receipt this Period  
5 0 0 0 0 0

Full Name (Last, First, Middle Initial)  
B. MassMutual Life Insurance Company PAC

Mailing Address  
1295 State Street

City Springfield State MA Zip Code 01111

FEC ID number of contributing federal political committee. C 0 0 1 1 8 9 4 3

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
\_\_\_\_\_

Date of Receipt  
1 0 / 1 9 / 2 0 0 5

Amount of Each Receipt this Period  
5 0 0 0 0 0

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

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 0 0 0 0

TOTAL This Period (last page this line number only).....▶ 1 5 5 0 0 0 0

26038951084

**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 |
|   | <input type="checkbox"/> 11a<br>18 | <input type="checkbox"/> 11b<br>14 | <input type="checkbox"/> 11c<br>15 | <input type="checkbox"/> 12<br>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)  
**Wachovia Bank (interest)**

Mailing Address  
**P.O. Box 13327**

City State Zip Code  
**Roanoke VA 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 ▼

Date of Receipt  
**12 / 31 / 2005**

Amount of Each Receipt this Period  
**4,297**

**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) → **4,297**

26038951085



**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 4

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Making Business Excel PAC

Mailing Address

P.O. Box 3241

City

Cheyenne

State

WY

Zip Code

82001

Purpose of Disbursement

Fundraiser contribution

Candidate Name

Mike Enzi

0 1 1  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: WY

District:

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1 0 0 0 0 0

B.

Friends of Sam Johnson

Mailing Address

P.O. Box 860095

City

Plano

State

TX

Zip Code

75086

Purpose of Disbursement

Campaign contribution

Candidate Name

Sam Johnson

0 1 1  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: TX

District:

3

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

5 0 0 0 0 0

C.

Talent for Senate

Mailing Address

507 Capitol Court, N.E. #100

City

Washington

State

DC

Zip Code

20002

Purpose of Disbursement

Fundraiser contribution

Candidate Name

Jim Talent

0 1 1  
Category/  
Type

Office Sought:

House  
 Senate  
 President

Disbursement For:

Primary  General  
 Other (specify) ▼

State: MO

District:

Date of Disbursement

07 / 14 / 2005

Amount of Each Disbursement this Period

1 0 0 0 0 0

SUBTOTAL of Disbursements This Page (optional)

2 5 0 0 0 0

TOTAL This Period (last page this line number only)

26038951086

**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 4

|                              |                              |  |                              |                             |                              |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <input type="checkbox"/> 28  |
| <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)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

**A.** The Congressional Majority Committee

Date of Disbursement

07 / 15 / 2005

Mailing Address P.O. Box 746

City Alexandria State VA Zip Code 22302

Purpose of Disbursement Fundraiser contribution

011

Amount of Each Disbursement this Period

1500.00

Candidate Name Bill Thomas

Category/Type

Office Sought:  House  Senate  President  
State: CA District: 22

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B.** Making Business Excel PAC

Date of Disbursement

10 / 19 / 2005

Mailing Address P.O. Box 3241

City Cheyenne State WY Zip Code 82001

Purpose of Disbursement Fundraiser contribution

011

Amount of Each Disbursement this Period

1000.00

Candidate Name Mike Enzi

Category/Type

Office Sought:  House  Senate  President  
State: WY District:

Disbursement For:  Primary  General  Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C.** Mike DeWine for U.S. Senate

Date of Disbursement

10 / 19 / 2005

Mailing Address P.O. Box 340188

City Columbus State OH Zip Code 43234

Purpose of Disbursement Fundraiser

011

Amount of Each Disbursement this Period

1000.00

Candidate Name Mike Dewine

Category/Type

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For:  Primary  General  Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) →

3500.00

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

26038951087

**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 3 OF 4 |
|   | <input type="checkbox"/> 21b<br><input type="checkbox"/> 27 | <input type="checkbox"/> 22<br><input type="checkbox"/> 28a | <input checked="" type="checkbox"/> 23<br><input type="checkbox"/> 28b | <input type="checkbox"/> 24<br><input type="checkbox"/> 28c | <input type="checkbox"/> 25<br><input type="checkbox"/> 29 | <input type="checkbox"/> 26<br><input type="checkbox"/> 30b |             |

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

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br>A. Friends of Craig Thomas  |  | Date of Disbursement<br>10 / 19 / 2005             |
| Mailing Address<br>406 Virginia Avenue   |  |  |
| City<br>Alexandria   | State<br>VA  | Zip Code<br>22302                                  |
| Purpose of Disbursement<br>Fundraiser Dinner   | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00 |
| Candidate Name<br>Craig Thomas   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: WY  | District:  |  |

|  |  |   |
|--|--|---|
| Full Name (Last, First, Middle Initial)<br>B. Making Business Excel PAC  |  | Date of Disbursement<br>10 / 21 / 2005            |
| Mailing Address<br>P.O. Box 3241   |  |   |
| City<br>Cheyenne   | State<br>WY  | Zip Code<br>82001                                 |
| Purpose of Disbursement<br>Campaign Contribution   | Category/Type<br>011   | Amount of Each Disbursement this Period<br>500.00 |
| Candidate Name<br>Mike Enzi  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |
| State: WY  | District:  |   |

|  |  |  |
|--|--|--|
| Full Name (Last, First, Middle Initial)<br>C. Hatch Election Committee   |  | Date of Disbursement<br>10 / 25 / 2005             |
| Mailing Address<br>P.O. Box 1480   |  |  |
| City<br>Washington   | State<br>DC  | Zip Code<br>20013                                  |
| Purpose of Disbursement<br>Fundraiser Breakfast  | Category/Type<br>011   | Amount of Each Disbursement this Period<br>1000.00 |
| Candidate Name<br>Or rin Hatch   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary<br><input checked="" type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |
| State: UT  | District:  |  |

|   |         |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)      | 2500.00 |
| TOTAL This Period (last page this line number only) |         |

26038951088

**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 4 OF 4 |
|   | <input type="checkbox"/> 21b<br>27 | <input type="checkbox"/> 22<br>28a | <input checked="" type="checkbox"/> 23<br>28b | <input type="checkbox"/> 24<br>28c | <input type="checkbox"/> 25<br>29 | <input type="checkbox"/> 26<br>30b |             |

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

**A.** Full Name (Last, First, Middle Initial) **McKeon for Congress (check to Marriott Metro Center)**

Mailing Address 24265 San Fernando Road

City Newhall State CA Zip Code 91321

Purpose of Disbursement Breakfast Fundraiser (in-kind contrib.)

Candidate Name Howard McKeon

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District: 25

Date of Disbursement 11 / 07 / 2005

Amount of Each Disbursement this Period 627.00

Category/Type 011

**B.** Full Name (Last, First, Middle Initial) **Ben Cardin for Senate**

Mailing Address 10 G Street, N.W. Suite 470

City Washington State DC Zip Code 20002

Purpose of Disbursement Fundraiser dinner

Candidate Name Ben Cardin

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: MD District:

Date of Disbursement 12 / 01 / 2005

Amount of Each Disbursement this Period 1500.00

Category/Type 011

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional) 1127.00

TOTAL This Period (last page this line number only) 10627.00

26038951089

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

|   |   |   |   |   |  |   |             |
|---|---|---|---|---|--|---|-------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER:<br>(check only one)                        |   |   |   |  |   | PAGE 1 OF 1 |
|   | <input type="checkbox"/> 21b<br><input type="checkbox"/> 27 | <input type="checkbox"/> 22<br><input type="checkbox"/> 28a | <input type="checkbox"/> 23<br><input type="checkbox"/> 28b | <input type="checkbox"/> 24<br><input type="checkbox"/> 28c | <input checked="" type="checkbox"/> 25<br><input checked="" type="checkbox"/> 29 | <input type="checkbox"/> 28<br><input type="checkbox"/> 30b |             |

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

**A.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address **Wachovia Bank (service charges)**  
**P.O. Box 13327**  
 City **Roanoke** State **VA** Zip Code **24040-7314**  
 Purpose of Disbursement \_\_\_\_\_  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: **12 / 31 / 2005**  
 Amount of Each Disbursement this Period: **1065**

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Purpose of Disbursement \_\_\_\_\_  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_  
 Amount of Each Disbursement this Period: \_\_\_\_\_

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Purpose of Disbursement \_\_\_\_\_  
 Candidate Name \_\_\_\_\_  
 Office Sought:  House  Senate  President  
 Disbursement For:  Primary  General  Other (specify) \_\_\_\_\_  
 State: \_\_\_\_\_ District: \_\_\_\_\_

Date of Disbursement: \_\_\_\_\_  
 Amount of Each Disbursement this Period: \_\_\_\_\_

SUBTOTAL of Disbursements This Page (optional) \_\_\_\_\_  
 TOTAL This Period (last page this line number only) **1065**

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Federal Election Commission  
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