

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Benefits Council Political Action Committee

ADDRESS (number and street) 1501 M Street, N.W., Suite 600 Check if different than previously reported. (ACC) Washington DC 20005 1755

2. FEC IDENTIFICATION NUMBER C00153171 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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 Mr. James A. Klein

Signature of Treasurer Electronically Filed by Mr. James A. Klein Date 10 13 2010

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 table with 7 columns and 1 row

FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Benefits Council Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		18674.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	35827.13									
(c) Total Receipts (from Line 19)	10001.50	38654.42								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45828.63	57328.63								
7. Total Disbursements (from Line 31)	10008.00	21508.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	35820.63	35820.63								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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**

Write or Type Committee Name
American Benefits Council Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	0.00	9050.00
(ii) Unitemized	0.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	9650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	29000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10000.00	38650.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.50	4.42
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	10001.50	38654.42
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10001.50	38654.42

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) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	21500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	8.00	8.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	10008.00	21508.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10008.00	21508.00

DETAILED SUMMARY PAGE
of Disbursements

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)	10000.00	38650.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	38650.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 / 9
	<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)
MEDCO HEALTH SOLUTIONS INC. POLITICAL ACTION COMMITTEE (A.K.A. MEDCO HEALTH PAC)

Mailing Address 2350 KERNER BLVD., SUITE 250

City State Zip Code
SAN RAFAEL CA 94901

FEC ID number of contributing federal political committee. **C** C00384362

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 2 6 / 2 0 1 0
Transaction ID: SA11C.4177
 Amount of Each Receipt this Period 5000.00
 PAC to PAC contribution

B. Full Name (Last, First, Middle Initial)
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address One Nationwide Plaza
1-27-10

City State Zip Code
Columbus OH 43215

FEC ID number of contributing federal political committee. **C** C00076174

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 8 / 3 1 / 2 0 1 0
Transaction ID: SA11C.4175
 Amount of Each Receipt this Period 5000.00
 PAC to PAC contribution

SUBTOTAL of Receipts This Page (optional)	▶	10000.00
TOTAL This Period (last page this line number only)	▶	10000.00

**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)

<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

A.	Full Name (Last, First, Middle Initial) ALLYSON SCHWARTZ FOR CONGRESS	Transaction ID: SB23.4187
	Mailing Address P.O. Box 2232	Date of Disbursement 09 / 27 / 2010
	City Jenkintown State PA Zip Code 19046	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name ALLYSON SCHWARTZ FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 13	

B.	Full Name (Last, First, Middle Initial) ALTMIRE, JASON	Transaction ID: SB23.4189
	Mailing Address P.O. Box 1776	Date of Disbursement 09 / 27 / 2010
	City Freedom State PA Zip Code 15042	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name ALTMIRE, JASON	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: PA District: 04	

C.	Full Name (Last, First, Middle Initial) CANTOR FOR CONGRESS	Transaction ID: SB23.4181
	Mailing Address P. O. Box 17813	Date of Disbursement 07 / 28 / 2010
	City Richmond State VA Zip Code 23226	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Campaign contribution	Category/ Type
	Candidate Name CANTOR FOR CONGRESS	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: VA District: 07	

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)

<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

A. Full Name (Last, First, Middle Initial) EARL POMEROY FOR CONGRESS	Transaction ID: SB23.4191 Date of Disbursement
Mailing Address Post Office Box 9336	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
City Fargo State ND Zip Code 58106	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<input type="text" value="2000.00"/>
Candidate Name EARL POMEROY FOR CONGRESS	<input type="text"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ND District: 00	Category/ Type
B. Full Name (Last, First, Middle Initial) PORTMAN FOR SENATE COMMITTEE	Transaction ID: SB23.4185 Date of Disbursement
Mailing Address 8331 LITTLE HARBOR DRIVE	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
City CINCINNATI State OH Zip Code 45244	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<input type="text" value="2000.00"/>
Candidate Name PORTMAN FOR SENATE COMMITTEE	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District:	Category/ Type
C. Full Name (Last, First, Middle Initial) RICHARD BURR COMMITTEE; THE	Transaction ID: SB23.4193 Date of Disbursement
Mailing Address POST OFFICE BOX 5928	<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2010"/>
City WINSTON-SALEM State NC Zip Code 27113	Amount of Each Disbursement this Period
Purpose of Disbursement Campaign contribution	<input type="text" value="1000.00"/>
Candidate Name RICHARD BURR COMMITTEE; THE	<input type="text"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NC District:	Category/ Type

SUBTOTAL of Disbursements This Page (optional) ►

5000.00

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)

PAGE 9 / 9

<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

A. Full Name (Last, First, Middle Initial)
SCOTT BROWN FOR US SENATE COMMITTEE

Mailing Address P.O. BOX 395

City WRENTHAM State MA Zip Code 02903

Purpose of Disbursement
Campaign contribution

Candidate Name
SCOTT BROWN FOR US SENATE COMMITTEE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: MA District:

Transaction ID: SB23.4183

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
SENATE MAJORITY FUND

Mailing Address P.O. Box 32025

City Phoenix State AZ Zip Code 85064

Purpose of Disbursement
Campaign contribution

Candidate Name
SENATE MAJORITY FUND

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2010
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB23.4179

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ►

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