

**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:

1 0 0 1 2 0 0 9

To:

1 2 3 1 2 0 0 9

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand
January 1, 2 0 0 9

3 5 5 9 6 0 1

(b) Cash on Hand at
Beginning of Reporting Period.....

1 9 7 1 3 4 2

(c) Total Receipts (from Line 19)

5 0 0 0 8 0

7 0 1 5 6 3

(d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B).....

2 4 7 1 4 2 2

4 2 6 1 1 6 4

7. Total Disbursements (from Line 31).....

6 0 4 0 0 1

2 3 9 3 7 4 3

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d)).....

1 8 6 7 4 2 1

1 8 6 7 4 2 1

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 (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

10 / 01 / 2009

To:

12 / 31 / 2009

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).....

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)..... ►

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.).....

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))..... ►

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ►

5 0 0 0 0 0

5 0 0 0 0 0

8 0

5 0 0 0 8 0

5 0 0 0 8 0

7 0 0 0 0 0

7 0 0 0 0 0

1 5 6 3

7 0 1 5 6 3

7 0 1 5 6 3

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DETAILED SUMMARY PAGE of Disbursements

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Page 4

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.....
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
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))..
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

6 0 4 0 0 1

2 3 9 3 7 4 3

6 0 4 0 0 1

2 3 9 3 7 4 3

6 0 4 0 0 1

2 3 9 3 7 4 3

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)		
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)		
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 37 from Line 36)▶		

10030224115

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

<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
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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)
Russell Investment Group Federal PAC

Mailing Address
909 A Street

City Tacoma State WA Zip Code 98402

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5 0 0 0 0 0

Date of Receipt

12 / 17 / 2009

Amount of Each Receipt this Period

5 0 0 0 0 0

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).....▶

5 0 0 0 0 0

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 1 OF 1

(check only one)

☐ 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 ▼

Date of Receipt

12 / 31 / 2009

Amount of Each Receipt this Period

8.0

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) ▶

80

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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)

PAGE 1 OF 2

☐ 21b ☐ 22 ☒ 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

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. Ryan for Congress
Mailing Address P.O.; Box 1919

10 / 15 / 2009

City Janesville State WI Zip Code 53547

Purpose of Disbursement Campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name Paul Ryan

Category/
Type

100000

Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 1
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. Kind for Congress

Mailing Address 205 5th Avenue South, Suite 428

10 / 23 / 2009

City LaCrosse State WI Zip Code 54601

Purpose of Disbursement PAC contribution

011

Amount of Each Disbursement this Period

Candidate Name Ron Kind

Category/
Type

100000

Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 3
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

Full Name (Last, First, Middle Initial)

Date of Disbursement

C. Fairmont Hotel (payee) Citizens for Altmire

Mailing Address P.O. Box 1776

10 / 30 / 2009

City Freedom State PA Zip Code 15042

Purpose of Disbursement in-kind contribution

011

Amount of Each Disbursement this Period

Candidate Name Jason Altmire

Category/
Type

154001

Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 4
Disbursement For: ☐ Primary ☒ General ☐ Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional).....▶

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

354001

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 2

☐ 21b ☐ 22 ☒ 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

Full Name (Last, First, Middle Initial)

A. Earl Pomeroy for Congress

Date of Disbursement

Mailing Address

P.O. Box 9336

11 / 04 / 2009

City

Fargo

State

ND

Zip Code

58106

Purpose of Disbursement

Campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Earl Pomeroy

Category/
Type

50000

Office Sought:

☒

House

Disbursement For:

☐

Primary

☒

General

☐

Senate

☐

Other (specify) ▼

☐

President

State: ND

District:

at large

Full Name (Last, First, Middle Initial)

B. Portman for Senate Committee

Date of Disbursement

Mailing Address

8331 Little Harbor Road

12 / 17 / 2009

City

Cincinnati

State

OH

Zip Code

42444

Purpose of Disbursement

Campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Rob Portman

Category/
Type

100000

Office Sought:

☐

House

Disbursement For:

☐

Primary

☒

General

☒

Senate

☐

Other (specify) ▼

☐

President

State: OH

District:

Full Name (Last, First, Middle Initial)

C. Tiberi for Congress

Date of Disbursement

Mailing Address

2931 E. Dublin Granville Road, Suite 190

12 / 17 / 2009

City

Columbus

State

OH

Zip Code

43231

Purpose of Disbursement

Campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Patrick Tiberi

Category/
Type

100000

Office Sought:

☒

House

Disbursement For:

☐

Primary

☒

General

☐

Senate

☐

Other (specify) ▼

☐

President

State: OH

District:

12

SUBTOTAL of Disbursements This Page (optional).....▶

250000

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

604001

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
1/26/10

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Delivery Confirmation™ or Signature Confirmation™ Label ☐

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☐ Postmark Illegible

☐ No Postmark

☐ Overnight Delivery Service (Specify): Shipping Date
Next Business Day Delivery ☐

☐ Received from House Records & Registration Office Date of Receipt

☐ Received from Senate Public Records Office Date of Receipt

☐ Received from Electronic Filing Office Date of Receipt

☐ Other (Specify): Date of Receipt or Postmarked



PREPARER

(3/2005)

1/26/10

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