

RECEIVED
FEC MAIL ROOM

NR APR 11 P 1:06

FEC
FORM 3X

REPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

USE PREC RAILING LABEL
OR TYPE OR PRINT

Example: N typing, type
over the lines.

12FE4MS

AMERICAN BENEFITS COUNCIL
POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1212 NEW YORK AVENUE, N.W., 141250

Check if different
than previously
reported (AGC)

Washington, DC 20005-3987

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

000153171

3. IS THIS
REPORT

NEW
OR

AMENDED
(A)

4. TYPE OF REPORT
(Choose One)

(b) Monthly
Report
Due On:

- Feb 20 (M2)
- May 20 (M5)
- Aug 20 (M8)
- Nov 20 (M11) (Nov-Election Year Only)
- Mar 20 (M3)
- Jun 20 (M6) ³⁷
- Sep 20 (M9) ³⁷
- Dec 20 (M12) (Dec-Election Year Only)
- Apr 20 (M4)
- Jul 20 (M7)
- Oct 20 (M10)
- Jan 31 (YE)

(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 (Mid-election Year Only) (MY)
- Termination Report (TER)

(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 2002 through 03 31 2002

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

04 10 2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. 9437p.

Office
Use
Only

FEC FORM 3X
(Revised 1/01)

22-03-752-3213

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 2X (Revised 1/01)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		81,651.8
(b) Cash on Hand at Beginning of Reporting Period	81,651.8	
(c) Total Receipts (from Line 19)	7,029.73	7,029.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(e) and 6(c) for Column B)	151,949.1	151,949.1
7. Total Disbursements (from Line 20)	5,524.58	5,524.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96,703.3	96,703.3
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
888 E Street, NW
Washington, DC 20463

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 8X (Revised 1/01)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

1. 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
- (ii) 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)(i), (b), and (c)) (Carry Totals to Line 32, page 4)

7000.00

7000.00

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 36, page 4)

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees

17. Other Federal Receipts (Dividends, Interest, etc.)

2973

2973

18. Transfers from Nonfederal Account for Joint Activity

19. Total Receipts (add Lines 11(d), 12, 13, 14, 16, 17, and 18)

7029.73

7029.73

20. Total Federal Receipts (subtract Line 15 from Line 19)

7029.73

7029.73

22-03-752-3215

DETAILED SUMMARY PAGE
of Disbursements

REG Form 3K (Revised 10/1)

Page 4

II. Disbursements

**COLUMN A
Total Time 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	5500.00	5500.00
24. Independent Expenditure (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 3441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions For:		
(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 TAXES	24.58	24.58
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)	5524.58	5524.58
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30)	5524.58	5524.58

III. Net Contributions/Operating Expenditures

32. Total Contributions (other than loans) (from Line 11(d), page 3)	7000.00	7000.00
33. Total Contribution Refunds (from Line 28(d))		
34. Net Contributions (other than loans) (subtract Line 33 from Line 32)	7000.00	7000.00
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 35 from Line 34)		

REG-03-752-3316

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBERS: (check only one)	PAGE	OF 2
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<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) METLIFE PAC

Mailing Address ONE MADISON AVENUE

City NEW YORK State NY Zip Code 10010-3679

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 01/08/2002

Amount of Each Receipt this Period 2000.00

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

Mailing Address 711 HIGH STREET

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 ▼ 1000.00

Date of Receipt 01/22/2002

Amount of Each Receipt this Period 1000.00

C. Full Name (Last, First, Middle Initial) PACIFIC LIFE PAC

Mailing Address 700 NEWPORT CENTER DRIVE

City NEWPORT BEACH State CA Zip Code 92660-6397

FEC ID number of contributing federal political committee: C00068528

Name of Employer Occupation

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 02/05/2002

Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) 4000.00

TOTAL This Period (last page this line number only)

22-03-7523217

**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
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 14
	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 11e 16
		<input 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)
BLUE CROSS & BLUE SHIELD ASSOCIATION, PAC

Mailing Address
1310 G STREET, 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 ▼
300000

Date of Receipt
02 / 13 / 2002

Amount of Each Receipt this Period
300000

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) **300000**

TOTAL This Period (last page this line number only) **400000**

2002-03-22 10:00 AM

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" 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 noncharitable 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: Rosemeade 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 ▼
29.93

Date of Receipt
03 / 31 / 2002

Amount of Each Receipt this Period
29.93

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) 29.93

TOTAL This Period (last page this line number only) 29.93

22-03-752-3219

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

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

FOR LINE NUMBER: (check only one)

PAGE OF 3

<input type="checkbox"/> 21a	<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"/> 29

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NAME OF COMMITTEE (in full)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

A. **DEVIN NUNES FOR CONGRESS**

Date of Disbursement

03 / 21 / 2002

Mailing Address

P.O. Box 891

City

PIXLEY

State

CA

Zip Code

93256

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. **NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE**

Date of Disbursement

03 / 04 / 2002

Mailing Address

320 FIRST STREET, SE

City

WASHINGTON

State

DC

Zip Code

20003

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement

011
Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. **FRIENDS OF ROY BLUNT**

Date of Disbursement

03 / 05 / 2002

Mailing Address

333 PARK CENTRAL EAST SUITE 214

City

SPRINGFIELD

State

MO

Zip Code

65806

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement

011
Category/Type

Candidate Name

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

2000.00

22-03-752-3220

**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 3
	<input type="checkbox"/> 21a <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"/> 28 <input type="checkbox"/> 29	

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

A.

Full Name (Last, First, Middle Initial): **NANCY JOHNSON FOR CONGRESS**

Date of Disbursement: **03/19/2002**

Mailing Address: **4451 BRONKFIELD CORPORATE DRIVE, #200**

City: **CHANTILLY, VA 20151**

Purpose of Disbursement: **0.1.1**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: **1000.00**

B.

Full Name (Last, First, Middle Initial): **NORTHUP FOR CONGRESS**

Date of Disbursement: **03/19/2002**

Mailing Address: **4006 DUTCHMAN'S LANE**

City: **LOUISVILLE KY 40209**

Purpose of Disbursement: **0.1.1**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: **500.00**

C.

Full Name (Last, First, Middle Initial): **HUTCHINSON FOR SENATE**

Date of Disbursement: **03/19/2002**

Mailing Address: **P.O. BOX 978**

City: **ROGERS AR 72956**

Purpose of Disbursement: **0.1.1**

Candidate Name:

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: **500.00**

SUBTOTAL of Disbursements This Page (optional): **2000.00**

TOTAL This Period (last page into the number only):

22-03-752-3221

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"/> 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 JOHN BOEHNER**

Mailing Address **7908-I CINCINNATI-DAYTON ROAD**

City **WEST CHESTER** State **OH** Zip Code **45069**

Purpose of Disbursement **011** Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: **03 / 20 / 2002**

Amount of Each Disbursement this Period: **1500.00**

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) **1500.00**

TOTAL This Period (last page this line number only) **5500.00**

2002-03-25 13:32:33

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 4/11/02
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED (R/C)
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
<i>SA</i> PREPARER	4/11/02 DATE PREPARED

2025 RELEASE UNDER E.O. 14176