

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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2002 OCT 22 P 2:45

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) 1212 New York Ave NW #11250 Washington DC 20005-3987

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), Conversion (12C), Special (12S) (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10/01/2002 through 10/16/2002

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 10/16/2002

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form BX (Revised 1/01)

Page 2

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

10 01 2002

To:

10 16 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002	2000	816518
(b) Cash on Hand at Beginning of Reporting Period	2033029	
(c) Total Receipts (from Line 10)	300000	2538205
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2333029	3354923
7. Total Disbursements (from Line 30)	55288	1076932
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2277741	2277741
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:

10/01/2003

To:

10/16/2003

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)		320000
(ii) Unitemized		
(iii) TOTAL (add Lines 11(a)(i) and (ii))		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)	300000	2150000
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4)	300000	2530000
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 32, page 4)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)		8205
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	300000	2538205
20. Total Federal Receipts (subtract Line 12 from Line 19)	300000	2538205

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 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be 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) HARTFORD ADVOCATES FUND

Mailing Address HARTFORD PLAZA

City HARTFORD State CT Zip Code 06115

FEC ID number of contributing federal political committee. 000168564

Name of Employer _____ Occupation _____

Receipt For:
 Primary
 General
 Other (specify) _____

Aggregate Year-to-Date 100000

Date of Receipt 10/05/2002

Amount of Each Receipt this Period 100000

B. Full Name (Last, First, Middle Initial) METLIFE, INC. PBC

Mailing Address ONE MADISON AVENUE

City NEW YORK State NY Zip Code 10010

FEC ID number of contributing federal political committee. 000040923

Name of Employer _____ Occupation _____

Receipt For:
 Primary
 General
 Other (specify) _____

Aggregate Year-to-Date 400000

Date of Receipt 10/11/2002

Amount of Each Receipt this Period 200000

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) _____

300000

**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 1	
<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"/> 26	<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<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) **AMERICA'S MAJORITY TRUST**

Date of Disbursement **10/11/2002**

Mailing Address **155 21ST STREET NW SUITE 300**

City **WASHINGTON DC** State **DC** Zip Code **20036**

Purpose of Disbursement **IN-KIND CONTRIBUTION** Category/Type **011**

Candidate Name **ROB PORTMAN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **OH** District: **02**

Amount of Each Disbursement this Period **500.00**

B.

Full Name (Last, First, Middle Initial) **AMERICA'S MAJORITY TRUST**

Date of Disbursement **10/11/2002**

Mailing Address **155 21ST ST. N.W. SUITE 300**

City **WASHINGTON DC** State **DC** Zip Code **20036**

Purpose of Disbursement **IN-KIND CONTRIBUTION** Category/Type **011**

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **OH** District: **02**

Amount of Each Disbursement this Period **52.88**

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State District

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) **552.88**

TOTAL This Period (last page this line number only)

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 10-22-02
<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>flc</i> PREPARER	10-22-02 DATE PREPARED

2002 OCT 22 10 22 AM '02