

**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)