

**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

Full Name (Last, First, Middle Initial)

A. TFP-FOJB COMMITTEE

Mailing Address 631-B PENNSYLVANIA AVENUE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name

JOHN A BOEHNER

Office Sought: House
 Senate
 President
State: OH District: 08

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 18 / 2011

Transaction ID : **SB23.4228**

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. TIBERI FOR CONGRESS

Mailing Address 2931 E DUBLIN GRANVILLE ROAD
SUITE 190

City COLUMBUS State OH Zip Code 43231

Purpose of Disbursement
Campaign contribution

Category/
Type

Candidate Name

Pat Tiberi

Office Sought: House
 Senate
 President
State: OK District: 12

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2011

Transaction ID : **SB23.4244**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. TOM REED FOR CONGRESS

Mailing Address 221 WASHINGTON STREET

City CORNING State NY Zip Code 14830

Purpose of Disbursement
Campaign contribution

011

Category/
Type

Candidate Name

TOM REED

Office Sought: House
 Senate
 President
State: NY District: 29

Disbursement For: 2011
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 14 / 2011

Transaction ID : **SB23.4240**

Amount of Each Disbursement this Period

1000.00

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

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

5000.00