

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
FEC MAIL CENTER
2008 JAN 29 AM 10:49

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

AMERICAN BENEFITS COUNCIL

POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

11212 NEW YORK AVE NEW YORK 11215



Check if different
than previously
reported. (ACC)

WASHINGTON

DC

210105-3987

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

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)



May 20 (M5)



Aug 20 (M8)



Nov 20 (M11)
(Non-Election
Year Only)



Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)



Dec 20 (M12)
(Non-Election
Year Only)



Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(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)

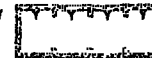


Runoff (30R)



Special (30S)

Election on



in the
State of



5. Covering Period

0-7

0-1

2-0-0-7

through

1-2

3-1

2-0-0-7

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

0-1

2-8

2-0-0-8

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

Office
Use
Only

FEC FORM 3X
(Rev. 02/2003)

28039603534

**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: 007 / 01 / 2007 To: 12 / 31 / 2007

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,	2007	1219972
(b) Cash on Hand at Beginning of Reporting Period.....	2916704	
(c) Total Receipts (from Line 19).....	169931	3292070
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3086635	4512042
7. Total Disbursements (from Line 31).....	549845	1975252
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	2536790	2536790
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. 02/2003)

Page 3

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period:

From:

0.7 / 0.1 / 2.0.0.7

To:

1.2 / 3.1 / 2.0.07

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).....

2 5 0 0 0

4 2 5 0 00

(ii) Unitemized.....

(iii) TOTAL (add
Lines 11(a)(i) and (ii)).....▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

1 0 0 0 0 0

2 8 0 0 0 00

(d) Total Contributions (add Lines
11(a)(i), (b), and (c)) (Carry
Totals to Line 33, page 5).....▶

1 2 5 0 0 0

3 2 2 5 0 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 37, page 5).....

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

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

4 4 9 3 1

6 7 0 70

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)).....▶

1 6 9 9 3 1

3 2 9 2 0 70

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

1 6 9 9 3 1

3 2 9 2 0 70

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 02/2003)

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	5,498.45	1,970,305
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. § 431(a)) (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 taxes		4,947
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)	5,498.45	1,975,252

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)	1 2 5 0 0 0	3 2 2 5 0 0 0
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1 2 5 0 0 0	3 2 2 5 0 0 0
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 36 from Line 35)		

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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	
☐ 11a	☐ 11b	☐ 11c	☐ 12
☐ 13	☐ 14	☐ 15	☐ 16
			☒ 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 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

Full Name (Last, First, Middle Initial)

A. Wachovia Bank (interest)

Mailing Address

P.O. Box 13327

City

Rosemead

State

VA

Zip Code

24040-7314

FEC ID number of contributing
federal political committee.

G

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

12 / 31 / 2007

Amount of Each Receipt this Period

44931

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) ▶

44931

44931

28039603539

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

☒ 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) Randy Johnson

Mailing Address 1522 Orchard Circle

City Naperville State IL Zip Code 60565

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

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

Aggregate Year-to-Date ▼
2 5 0 0 0

Date of Receipt

0 8 / 1 4 / 2 0 0 7

Amount of Each Receipt this Period

2 5 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) ▶

2 5 0 0 0

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

2 5 0 0 0

28039603540

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

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial)

Blue PAC

Mailing Address

1310 G Street, N.W.

City

State

Zip Code

Washington

DC

20005

FEC ID number of contributing
federal political committee.

C 0 0 1 9 4 7 4 6

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

3 0 0 0 0 0

Date of Receipt

1 2 / 1 2 / 2 0 0 7

Amount of Each Receipt this Period

1 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
☐ Other (specify) ▼

☐ General

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
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

1 0 0 0 0 0

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

1 0 0 0 0 0

28039603541

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)

A. Buck McKeon for Congress

Date of Disbursement

Mailing Address

23942 Lyons Ave. #105

0.9 / 2.6 / 200.7

City

Santa Clara

State

CA

Zip Code

91321

Purpose of Disbursement

General campaign cont.

0.1.1

Candidate Name

Howard "Buck" McKeon

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: CA

District: 25

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Kline for Congress

Date of Disbursement

Mailing Address

101 W. Burnsville Parkway

0.8 / 0.7 / 200.7

City

Burnsville

State

MN

Zip Code

55337

Purpose of Disbursement

campaign contribution

0.1.1

Candidate Name

John P. Kline

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: MN

District: 2

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Friends of Gordon Smith

Date of Disbursement

Mailing Address

228 S. Washington Suite 115

0.9 / 2.4 / 200.7

City

Alexandria

State

VA

Zip Code

22314

Purpose of Disbursement

campaign contribution

0.1.1

Candidate Name

Gordon Smith

Category/
Type

Office Sought:

☐ House

☒ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

State: OR

District:

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

28039603542

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. Marriott at Metro Center (in-kind contrib.)

Mailing Address

Andrews for Congress 215 4th Ave

City Haddon Heights

State NJ

Zip Code 08035

Purpose of Disbursement

in-kind contribution

Candidate Name

Robert E. Andrews

Office Sought:

☒ House

☐ Senate

☐ President

State: NJ

District: 1

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

Date of Disbursement

10/08/2007

Amount of Each Disbursement this Period

99845

B. Tiberi for Congress

Mailing Address

217 Third Street, S.E.

City

Washington

State DC

Zip Code

20003

Purpose of Disbursement

Fundraiser contribution

Candidate Name

Pat Tiberi

Office Sought:

☒ House

☐ Senate

☐ President

State: OH

District: 12

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

Date of Disbursement

11/08/2007

Amount of Each Disbursement this Period

100000

C. Committee to Re-elect Artur Davis

Mailing Address

P.O. Box 1845

City

Birmingham

State AL

Zip Code

35201

Purpose of Disbursement

campaign contribution

Candidate Name

Artur Davis

Office Sought:

☒ House

☐ Senate

☐ President

State: AL

District: 7

Disbursement For:

☐ Primary

☒ General

☐ Other (specify) ▼

Date of Disbursement

12/06/2007

Amount of Each Disbursement this Period

500000

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

249845

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

549845

28039603543

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
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label ☐	
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☒ Overnight Delivery Service (Specify):	Shipping Date <i>Fed Ex</i> <i>1/28/08</i>
	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
<i>EL</i>	<i>1/29/08</i>
PREPARER	DATE PREPARED