

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

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) 1501 M STREET NW SUITE 600 WASHINGTON DC 20005 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00153171 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: [X] October 15 Quarterly Report (Q3) (b) Monthly Report Due On: [X] Feb 20 (M2) (c) 12-Day PRE-Election Report for the: [X] Primary (12P) (d) 30-Day POST-Election Report for the: [X] General (30G)

5. Covering Period 07 / 01 / 2017 through 09 / 30 / 2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Kass, Ralph P., P.,

Type or Print Name of Treasurer

Signature of Treasurer Kass, Ralph P., P., [Electronically Filed] Date 10 / 15 / 2017

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2017"/>	<input type="text" value="29234.32"/>	<input type="text" value="29234.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19984.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8500.00"/>	<input type="text" value="16500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="28484.32"/>	<input type="text" value="45734.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5500.00"/>	<input type="text" value="22750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22984.32"/>	<input type="text" value="22984.32"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

Write or Type Committee Name

**AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:  /  /  To:  /  /

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).....	0.00	0.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	16500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8500.00	16500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	8500.00	16500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8500.00	16500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5500.00	22750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5500.00	22750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	22750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	8500.00	16500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8500.00	16500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

**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 6 OF 7
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input 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 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. MUTUAL OF OMAHA COMPANIES PAC (IMPAC)**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **MUTUAL OF OMAHA PLAZA**

City <b>OMAHA</b>	State <b>NE</b>	Zip Code <b>68175</b>
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00094581**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**09 / 21 / 2017**  
**Transaction ID : SA11C.4359**

Amount of Each Receipt this Period  
**5000.00**

Memo Item

**B. NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **ONE NATIONWIDE PLAZA  
1-32-301**

City <b>COLUMBUS</b>	State <b>OH</b>	Zip Code <b>43215</b>
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00076174**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**1500.00**

Date of Receipt  
**09 / 27 / 2017**  
**Transaction ID : SA11C.4363**

Amount of Each Receipt this Period  
**1500.00**

Memo Item

**C. PRINCIPAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address **711 HIGH STREET  
GOVERNMENT RELATIONS**

City <b>DES MOINES</b>	State <b>IA</b>	Zip Code <b>50392</b>
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00128918**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
**2000.00**

Date of Receipt  
**07 / 28 / 2017**  
**Transaction ID : SA11C.4355**

Amount of Each Receipt this Period  
**2000.00**

Memo Item  
PAC to PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>8500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>8500.00</b>

**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"/> 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

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. ALEXANDER, LAMAR, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement Campaign contribution

Candidate Name ALEXANDER FOR SENATE 2014 INC

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: TN District: 00

Date of Disbursement: 09 / 27 / 2017

FEC Identification Number: C00383745

Transaction ID : SB23.4369

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. GEORGE HOLDING FOR CONGRESS INC.**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 97187

City RALEIGH State NC Zip Code 27624

Purpose of Disbursement Campaign contribution

Candidate Name HOLDING, GEORGE E MR., , ,

Office Sought:  House  Senate  President

Disbursement For: 2017  Primary  General  Other (specify)

State: NC District: 02

Date of Disbursement: 09 / 11 / 2017

FEC Identification Number: C H2NC13110

Transaction ID : SB23.4367

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. TEAM RYAN**

Full Name (Last, First, Middle Initial)

Mailing Address 320 1ST ST SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement Campaign contribution

Candidate Name RYAN, PAUL D., , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WI District: 01

Date of Disbursement: 07 / 31 / 2017

FEC Identification Number: C H8WI01024

Transaction ID : SB23.4365

Amount of Each Disbursement this Period: 3000.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5500.00