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FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

1. NAME OF COMMITTEE (In full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

A M E R I C A N B E N E F I T S C O U N C I L

P O L I T I C A L A C T I O N C O M M I T T E E

ADDRESS (number and street)

11212 NEW YORK AVE NW SUITE 112150

Check if different than previously reported. (ACC)

W A S H I N G T O N DC 20005-2987

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 1 5 3 1 7 1

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

MM / DD / YYYY

In the State of

XX

(d)

30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on

MM / DD / YYYY

In the State of

XX

5. Covering Period

04 / 01 / 2008

through

06 / 30 / 2008

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

07 / 14 / 2008

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)

28039773625

**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: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2.0.0.8"/>		<input type="text" value="253.679.0"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33268.06"/>	
(c) Total Receipts (from Line 19).....	<input type="text" value="10021.36"/>	<input type="text" value="20121.27"/>
(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="43289.42"/>	<input type="text" value="45489.17"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9721.22"/>	<input type="text" value="11920.97"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="33568.20"/>	<input type="text" value="33568.20"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	<input type="text" value=""/>	

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

28039773626

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:

MM / DD / YYYY
04 / 01 / 2008

To:

MM / DD / YYYY
06 / 30 / 2008

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).....		
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶		
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....	1,000.00	2,000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,000.00	2,000.00
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.).....	213.6	1,212.7
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)).....▶	1,002.13.6	2,012.12.7
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,002.13.6	2,012.12.7

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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.....		9,721.22	11,920.97
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			1,997.5
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))..		9,721.22	11,920.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....		9,721.22	11,920.97

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DETAILED SUMMARY PAGE
of Disbursements

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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)	1,000,000.00	2,000,000.00
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 33 from Line 32)	1,000,000.00	2,000,000.00
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)	1,000,000.00	2,000,000.00

28039773629

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

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. Full Name (Last, First, Middle Initial) New York Life Insurance Company PAC Date of Receipt 04 / 04 / 2008

Mailing Address 51 Madison Avenue

City New York State NY Zip Code 10010

FEC ID number of contributing federal political committee. C 0015881

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date 500000

Amount of Each Receipt this Period 500000

B. Full Name (Last, First, Middle Initial) CVS/Caremark Corporation Employees PAC Date of Receipt 04 / 21 / 2008

Mailing Address 1300 I Street, N.W. Suite 525 West

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. C 00384818

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date 200000

Amount of Each Receipt this Period 200000

C. Full Name (Last, First, Middle Initial) Nationwide PAC Date of Receipt 04 / 28 / 2008

Mailing Address One Nationwide Plaza 1-27-10

City Columbus State OH Zip Code 43215-2220

FEC ID number of contributing federal political committee. C 00076174

Name of Employer _____ Occupation _____

Receipt For: Primary General Other (specify) _____

Aggregate Year-to-Date 300000

Amount of Each Receipt this Period 300000

SUBTOTAL of Receipts This Page (optional) 1000000

TOTAL This Period (last page this line number only) 1000000

28039773630

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	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (in Full)
American Benefits Council Political Action Committee

A. Full Name (Last, First, Middle Initial)
Wachovia Bank (interest)

Mailing Address
P.O. Box 13327

City
Roanoke State
VA Zip Code
24040-7314

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 2 1 2 7

Date of Receipt
0 6 / 3 0 / 2 0 0 8

Amount of Each Receipt this Period
2 1 3 6

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 1 3 6**

TOTAL This Period (last page this line number only) **2 1 3 6**

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**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 3
	<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

A. Full Name (Last, First, Middle Initial) Team Sununu		Date of Disbursement MM / DD / YYYY 04 / 24 / 2008
Mailing Address P.O. Box 500		Amount of Each Disbursement this Period 1 0 0 0 0 0
City Rye	State Zip Code NY 03870	
Purpose of Disbursement PAC Fundraiser	Category/Type 0,1,1	
Candidate Name John Sununu		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NH	District:	

B. Full Name (Last, First, Middle Initial) Andrews for Senate		Date of Disbursement MM / DD / YYYY 04 / 29 / 2008
Mailing Address 215 Fourth Avenue		Amount of Each Disbursement this Period 2 0 0 0 0 0
City Haddon Heights	State Zip Code NJ 08035	
Purpose of Disbursement PAC contribution	Category/Type 0,1,1	
Candidate Name Robert E. Andrews		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District:	

C. Full Name (Last, First, Middle Initial) Boustany for Congress		Date of Disbursement MM / DD / YYYY 05 / 21 / 2008
Mailing Address 2501 Wisconsin Avenue, Number 304		Amount of Each Disbursement this Period 1 0 0 0 0 0
City Washington	State Zip Code DC 20007	
Purpose of Disbursement PAC Breakfast fundraiser	Category/Type 0,1,1	
Candidate Name Charles Boustany Jr.		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: LA	District: 07	

SUBTOTAL of Disbursements This Page (optional).....	4 0 0 0 0 0
TOTAL This Period (last page this line number only).....	

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**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. Kline For Congress

Mailing Address: 101 W. Burnsville Parkway, Suite 104
 City: Burnsville State: MN Zip Code: 55337

Purpose of Disbursement: PAC breakfast fundraiser

Candidate Name: John B. Kline

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement: 05 / 21 / 2008

Amount of Each Disbursement this Period: 0.1.1
 1000.00

B. Kline For Congress

Mailing Address: 101 W. Burnsville Parkway, Suite 104
 City: Burnsville State: MN Zip Code: 55337

Purpose of Disbursement: In-kind contribution (Marriott International)

Candidate Name: John P. Kline

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: MN District: 02

Date of Disbursement: 06 / 01 / 2008

Amount of Each Disbursement this Period: 0.1.1
 1221.22

C. Van Hollen for Congress

Mailing Address: 10537 St. Paul Street
 City: Kensington State: MD Zip Code: 20895

Purpose of Disbursement: PAC breakfast fundraiser

Candidate Name: Chris Van Hollen

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼

State: MD District: 08

Date of Disbursement: 06 / 11 / 2008

Amount of Each Disbursement this Period: 0.1.1
 1000.00

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

3221.22

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

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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 3 OF 3
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <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. Friends of John Boehner		Date of Disbursement 06 / 25 / 2008
Mailing Address 7908-12 Cincinnati Dayton Road		Amount of Each Disbursement this Period 2,500.00
City West Chester	State OH	
Zip Code 45069		Amount of Each Disbursement this Period 2,500.00
Purpose of Disbursement PAC dinner		
Candidate Name John A. Boehner		Amount of Each Disbursement this Period 2,500.00
Category/Type 011		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period 2,500.00
State: OH	District: 08	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Amount of Each Disbursement this Period
Category/Type		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	2,500.00
TOTAL This Period (last page this line number only).....	9,721.22

28039773634

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
7/15/08

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
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

ED

PREPARER
(3/2005)

7/15/08

DATE PREPARED

28039773635