Image# 11971763754 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

TOTAL P	or Other Than An Aut	horized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, typover the lines.	12FE4M5
American Benefits Cou	ıncil Political Action (Committee	
ADDRESS (number and street)	1501 M Street, N.W., Suite	600	
Check if different			
than previously reported. (ACC)	Washington		DC 20005-1755 -
2. FEC IDENTIFICATION NU	IMBER ▼ CI	ГУ▲	STATE ▲ ZIP CODE ▲
C C00153171		S THIS NEW (N)	OR X AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20	(Mon-Election Year Only) (M6) Sep 20 (M9) Dec 20 (M12)
(a) Quarterly Reports:		20 (M4) Jul 20	(Non-Election Year Only)
April 15 Quarterly Report (Q	1)		
July 15 Quarterly Report (Q	(C) 12-Day	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
October 15 Quarterly Report (Q	·		
January 31 Year-End Report (Y	E) Election	on on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	. -	in the State of
5. Covering Period 01	01 / 2011	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined thi	s Report and to the best of	f my knowledge and belief	it is true, correct and complete.
Type or Print Name of Treasurer	Ralph P. Kass		
Signature of Treasurer Ralph	P. Kass	[Electronically Filed]	Date 10 / 21 / 2011
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person sig	gning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

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: 01 01 2011 To: 06 30 2011

		COLUMN A This Period	COLUMN B Calendar Year-to-Date		
6.	(a) Cash on Hand January 1, 2011		38822.12		
	(b) Cash on Hand at Beginning of Reporting Period	38822.12			
	(c) Total Receipts (from Line 19)	14752.93	14752.93		
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	53575.05	53575.05		
7.	Total Disbursements (from Line 31)	17000.00	17000.00		
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36575.05	36575.05		
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00			
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Benefits Council Political Action Committee

Report Covering the Period: From: 01	01 2011 To:	06 30 2011
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	500.00	500.00
(i) Itemized (use Schedule A)	, , , , ,	
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	500.00	500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees		
(such as PACs)	14250.00	14250.00
(d) Total Contributions (add Lines		
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	14750.00	14750.00
. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
_		
. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
Offsets To Operating Expenditures		7
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
Refunds of Contributions Made	7	0.00
to Federal Candidates and Other	0.00	0.00
Political Committees	0.00	0.00
Other Federal Receipts	0.00	2.02
(Dividends, Interest, etc.)	2.93	2.93
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account	0.00	
(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
7. Total Receipts (add Lines 11(d),12, 13, 14, 15, 16, 17, and 18(c))	14752.93	14752.93
Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	14752.93	14752.93

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
	rating Expenditures: 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	0.00	0.00
) Tran	(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00
	nmittees	0.00	0.00
Fede	tributions to eral Candidates/Committees Other Political Committees	17000.00	17000.00
	ependent Expenditures	7	, , , , ,
(use	Schedule E)	0.00	0.00
(2 U	rdinated Party Expenditures J.S.C. §441a(d))	0.00	0.00
(use	Schedule F)	0.00	0.00
6. Loar	n Repayments Made	0.00	0.00
7 100	ns Made	0.00	0.00
B. Refu	unds of Contributions To:	0.00	3.00
(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
	Political Party Committees	0.00	0.00
(c)	Other Political Committees (such as PACs)	0.00	0.00
(d)	Total Contribution Refunds	0.00	0.00
	(add Lines 28(a), (b), and (c))▶	7 7	7 7 7
9. Othe	er Disbursements	0.00	0.00
) Fed	eral Election Activity (2 U.S.C. §431(20))		
	Allocated Federal Election Activity		
	(from Schedule H6)		200
	(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
	2ου ου(α)(η, ου(α)(η) από ου(μ))		3.00
. Tota	Il Disbursements (add Lines 21(c), 22,		
23,	24, 25, 26, 27, 28(d), 29 and 30(c))	17000.00	17000.00
. Tota	l Federal Disbursements		
	otract Line 21(a)(ii) and Line 30(a)(ii)	17000 00	47000.00
from	Line 31)▶	17000.00	17000.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	14750.00	14750.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14750.00	14750.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
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

FOF	LINE	NU	MBER	:	PAGE	6	OF	13	
(check only one)									
×	11a		11b		11c	12			
	13		14		15	16		17	

	Statements may not be sold or used by any pers e name and address of any political committee to	
NAME OF COMMITTEE (In Full) American Benefits Council Poli	tical Action Committee	
Full Name (Last, First, Middle Initial) Carol Kelly		Date of Receipt
Mailing Address 3901 Highwood Court		02 03 2011
City	State Zip Code	Transaction ID : SA11AI.4209
Washington	DC 20007	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	500.00
Name of Employer	Occupation	Individual PAC contribution
NACDS	Senior Vice President	
Receipt For:		1
Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	500.00	
Full Name (Last, First, Middle Initial) 3.		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer	Occupation	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Passint this Paris d
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
Name of Employer	Occupation	•
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		500.00
TOTAL This Period (last page this line number	<u>`</u>	500.00

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 13 (check only one)
Any information copied from such Reports and S or for commercial purposes, other than using the	itatements may not be sold or used by any pe	
NAME OF COMMITTEE (In Full) American Benefits Council Polit	ical Action Committee	
Full Name (Last, First, Middle Initial) HONEYWELL INTERNATIONAL POL Mailing Address 101 CONSTITUTION AVE. NV SUITE 500 WEST City WASHINGTON FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt 02 08 2011 Transaction ID: SA11C.4205 Amount of Each Receipt this Period 1000.00 PAC to PAC contribution
Full Name (Last, First, Middle Initial) MEDCO HEALTH SOLUTIONS INC. POLITICAL AC Mailing Address 2350 KERNER BLVD., SUITE City SAN RAFAEL FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	CTION COMMITTEE (A.K.A. MEDCO HEALTH PAC) 250 State Zip Code CA 94901 C C00384362 Occupation Aggregate Year-to-Date ▼ 5000.00	Date of Receipt 03 30 2011 Transaction ID: SA11C.4217 Amount of Each Receipt this Period 5000.00 PAC to PAC contribution
Full Name (Last, First, Middle Initial) METLIFE INC. EMPLOYEES' PO Mailing Address 1095 Avenue of the Americas Area 4D City New York FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NY 10036 C C00040923 Occupation Aggregate Year-to-Date 5000.00	Date of Receipt 03 03 2011 Transaction ID: SA11C.4210 Amount of Each Receipt this Period 5000.00 PAC to PAC contribution
SUBTOTAL of Receipts This Page (optional)		11000.00

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

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 8 OF 13 (check only one) 11a 11b X 11c 12 13 14 15 16 17
Any information copied from such Reports and So or for commercial purposes, other than using the			erson for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) American Benefits Council Politi	ical Actio	on Committee	
Full Name (Last, First, Middle Initial) NATIONWIDE MUTUAL INSURANCE COM Mailing Address One Nationwide Plaza 1-27-10 City Columbus FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State OH C CO	Zip Code 43215 0076174	Date of Receipt 03 30 2011 Transaction ID: SA11C.4218 Amount of Each Receipt this Period 1250.00
Full Name (Last, First, Middle Initial) Principal Life Insurance Company P. Mailing Address 711 High Street City DesMoines FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State IA C COO	Zip Code 50392 0128918 1 Year-to-Date ▼	Date of Receipt 03 07 2011 Transaction ID : SA11C.4215 Amount of Each Receipt this Period 2000.00 PAC to PAC contribution
Full Name (Last, First, Middle Initial) Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) Other (specify)		Zip Code Year-to-Date ▼	Date of Receipt M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
SURTOTAL of Decembe This Page (entire)			3250.00

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

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

14250.00

SCI	HEDULE B (FEC Form 3X)	l		FOR LINE NUMBER: PAGE 9 OF 13					
ITE	MIZED DISBURSEMENTS		parate schedule(s) category of the	(check only	one)			٦	
			Summary Page	21b	22	X 23 28b	24 28c	25 29	26
		<u> </u>		27	28a				30b
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	IAME OF COMMITTEE (In Full)		. , , , , ,				-		
I \	American Benefits Council Political	Action	Committee						
\angle									
_	full Name (Last, First, Middle Initial)	00=6			Dete	f Diahama			
A. /	ALLYSON SCHWARTZ FOR CON	GRES	S			f Disbursem			
	Mailing Address P.O. Box 2232				. M M	20		011	Y
_	5								
		State	Zip Code		Trans	saction ID:	SB23 4246		
	enkintown Turpose of Disbursement	PA	19046				022011210		
	Campaign contribution			011	Amoun	t of Each D	isbursemen	t this F	Period
C	Candidate Name						3331	-	-
P	ALLYSON Y SCHWARTZ			Category/ Type			-	500	.00
C		nent For:	2011						
		Primary	General						
0	President State: PA District: 00	Other (spe	ecify) 🔻						
	full Name (Last, First, Middle Initial)								
	BEN CARDIN FOR SENATE				Date o	f Disbursem	nent		
	SEN CARDINI OR SENATE				M M	/ D D		Y	Υ
N	Mailing Address P.O. BOX 21093				06	06	2	011	
_									
	Stry S SATONSVILLE	State MD	Zip Code 21228		Trans	saction ID :	SB23.4238		
	rurpose of Disbursement		21220						
	Campaign contribution			011	Amoun	t of Each D	isbursemen	t this F	Period
_	andidate Name			Category/				2000	00
_	BENJAMIN CARDIN			Туре		7	7	2000	,.00
C	office Sought: House Disbursen ✓ Senate	nent For: Primary							
		Other (spe	General						
S	tate: MD District:	O.1.0. (op.	√						
F	ull Name (Last, First, Middle Initial)								
C. E	BEN CARDIN FOR SENATE				Date o	f Disbursem	nent		
-					M = M	/ D D		Y	Υ
N	Aailing Address P.O. BOX 21093				06	27	2	011	
C	Sity S	State	Zip Code		_				
С	CATONSVILLE	MD	21228		Trans	saction ID :	SB23.4248		
	urpose of Disbursement Campaign contribution			1					
	Campaign contribution Candidate Name			011	Amoun	t of Each D	isbursemen	t this F	Period
	BENJAMIN CARDIN			Category/ Type				500	.00
_		nent For:	2011	туре	-	7	7		
_		Primary	General						
	President	Other (spe	ecify) 🔻						
S	tate: MD District:								
								2000	00
SU	BTOTAL of Disbursements This Page (optional)			······				3000	.00
TO	TAL This Period (last page this line number only)								
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SCHEDUL	E B (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 OF 13					
ITEMIZED	DISBURSEMENTS		parate schedule(s) category of the	(check only	one)				
			Summary Page	21b	22	X 23 28b	24	25 29	26
		<u> </u>		27	28a		28c		30b
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	COMMITTEE (In Full)		2.000 of any point		3011011 001				
I \	an Benefits Council Politica	l Action	Committee						
/ ""									
_	(Last, First, Middle Initial)								
A. BOUST	ANY, CHARLES DR. JR.				Date of	f Disbursem	nent		
Mailing Add	lress PO BOX 80126				03	29		2011	Υ
Mailing Add	11633 FO BOX 60120				03	29		2011	
City		State	Zip Code		T		0000 4000		
LAFAYETT		LA	70598		Irans	action ID :	SB23.4230		
	Disbursement contribution			044					
Candidate I				011	Amoun	t of Each L	isbursemer	nt this F	eriod
	ES DR. JR. BOUSTANY			Category/ Type				1000	.00
Office Soug		ment For:	2011	iype		7			
	Senate	Primary	General						
	President	Other (spe	ecify) 🔻						
State: LA	A District: 07								
	(Last, First, Middle Initial)	_			_				
B. HATCH	I ELECTION COMMITTEE	INC			Date of	f Disbursen	nent		
Mailing Add	droce 475 COLITILIMECT TEMPLE CLU	FF 050			03	02		2011	Y
Mailing Add	lress 175 SOUTH WEST TEMPLE SUIT	IE 000			03	02		2011	
City	;	State	Zip Code		Trans	action ID :	SB23.4226	:	
SALT LAKE		UT	84101		IIalis	action iD .	3623.4220	,	
	Disbursement contribution			011	Amoun	t of Each C)isbursemer	st thin E	Pariod
Candidate I					Amoun	I OI Eacii L	nsburserrier	11 11115 F	enou
	HATCH			Category/ Type	Ι.			1000	.00
Office Soug	_	nent For:	2011	.,,,,					
	X Senate	Primary	✓ General						
	President	Other (spe	ecify) 🔻						
State: U	T District:								
_	(Last, First, Middle Initial)				5.				
C. KIND F	OR CONGRESS COMMIT	ΓEE				f Disbursem			
Mailing Add	lress 205 5TH AVENUE SOUTH				06	16		2011	Y
					- 55	خنا ا			
City		State	Zip Code		Trans	action ID :	SB23.4242		
LA CROSS	E Disbursement	WI	54601		mans		JD20.7242		
	contribution			011					
Candidate I	Name				Amoun	t of Each L	isbursemer	nt this F	eriod
RON K	IND			Category/ Type				1000	.00
Office Soug	ght:	ment For:	2011	, , , , , , , , , , , , , , , , , , ,			,		
	Senate	Primary	General						
_	President	Other (spe	ecify) 🔻						
State: W	District: 03								
								3000.	00
SUBTOTAL of	of Disbursements This Page (optional)			·····•		7	7	3000.	.50
TOTAL This	Period (last page this line number only)							-	
I	(.act page and mic named only)								

SCHEDULE B (FEC Form 3X)	11	FOR LINE NUMBER: PAGE 11 OF 13					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(CILCON OTTIS					
	Detailed Summary Page	21b 27	22 X 23 24 25 28a 28b 28c 29	26 30b			
Any information copied from such Reports and State	ements may not be sold or u						
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)	al Audio O						
American Benefits Council Politica	al Action Committee						
Full Name (Last, First, Middle Initial)			Data of Bishaman				
A. KLINE FOR CONGRESS			Date of Disbursement				
Mailing Address 101 W BURNSVILLE PKWY SUI	ΓE 104		04 21 2011				
City	State Zip Code		Transaction ID : SB23.4234				
BURNSVILLE Purpose of Disbursement	MN 55337		Halisaction ib . 3623.4234				
Campaign contribution		011	Amount of Each Disbursement this Pe	eriod			
Candidate Name		Category/	1500.0	00			
JOHN P. KLINE Office Sought: House Disburse	ement For: 2011	Туре	1300.0				
Senate Sought.	Primary X General						
President	Other (specify) ▼						
State: MN District: 02							
Full Name (Last, First, Middle Initial) B. SHELBY FOR U S SENATE			Date of Disbursement				
5. SHEEDITOR 0.3 SENATE			M M / D D / Y Y Y Y Y				
Mailing Address POST OFFICE BOX 1091			04 08 2011				
City TUSCALOOSA	State Zip Code AL 35403		Transaction ID : SB23.4232				
Purpose of Disbursement	30.00						
Campaign contribution Candidate Name		011	Amount of Each Disbursement this Pe	eriod			
RICHARD SHELBY		Category/ Type	1000.0	00			
	ement For: 2011	Турс					
∑ Senate	Primary General						
President State: AL District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C. SNOWE FOR SENATE			Date of Disbursement				
Mailing Address BO BOY 2042			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address PO BOX 2012			05 11 2011	_			
City	State Zip Code		Transaction ID : SB23.4236				
PORTLAND Purpose of Disbursement	ME 04104						
Campaign contribution		011	Amount of Each Disbursement this Pe	eriod			
Candidate Name		Category/	1000.0	00			
OLYMPIA SNOWE Office Sought: House Disburse	ement For: 2011	Туре	1000.0	,0			
Senate	Primary X General						
President	Other (specify) ▼						
State: ME District:	-						
CURTOTAL of Distance and Time S. (1971)			3500.0	00			
SUBTOTAL of Disbursements This Page (optional)		·····•	2300.0				
TOTAL This Period (last page this line number onl	y)	·····					

SCHEDULE B (FEC Form 3X)			- · · - · - · - · - · - · - · - ·		
` ,	Use separate schedule(s)	FOR LINE NUMBER: PAGE 12 OF 13 (check only one)			
ITEMIZED DISBURSEMENTS	for each category of the	21b	22 X 23 24 25 26		
	Detailed Summary Page	27	28a 28b 28c 29 30b		
A					
Any information copied from such Reports and Stater or for commercial purposes, other than using the nan					
NAME OF COMMITTEE (In Full)					
American Benefits Council Political	Action Committee				
Full Name (Last, First, Middle Initial)					
A. TFP-FOJB COMMITTEE			Date of Disbursement		
Mailing Address 631-B PENNSYLVANIA AVENUE	SE		03 18 2011		
City	State Zip Code		Transaction ID - CD02 4000		
WASHINGTON	DC 20003		Transaction ID : SB23.4228		
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period		
Candidate Name		Category/			
JOHN A BOEHNER		Type	3000.00		
Office Sought: House Disburser	nent For: 2011				
Senate	Primary Seneral				
President	Other (specify) ▼				
State: OH District: 08					
Full Name (Last, First, Middle Initial)			Date of Disbursement		
B. TIBERI FOR CONGRESS					
Mailing Address 2931 E DUBLIN GRANVILLE ROA	שי		06 20 2011		
SUITE 190					
City	State Zip Code		Transaction ID : SB23.4244		
COLUMBUS	OH 43231				
Purpose of Disbursement Campaign contribution			Amount of Each Disbursement this Period		
Candidate Name			Amount of Each dispulsement this Feriod		
Pat Tiberi		Category/ Type	1000.00		
	nent For: 2011	.,,,,	,		
Senate	Primary General				
President	Other (specify) ▼				
State: OK District: 12					
Full Name (Last, First, Middle Initial)					
C. TOM REED FOR CONGRESS			Date of Disbursement		
Mailing Address COA WACHINGTON OTDEET			06 14 2011		
Mailing Address 221 WASHINGTON STREET			00 14 2011		
City	State Zip Code		Transaction ID ODGG 4040		
CORNING	NY 14830		Transaction ID : SB23.4240		
Purpose of Disbursement Campaign contribution		1			
Candidate Name		011	Amount of Each Disbursement this Period		
TOM REED		Category/	1000.00		
	nent For: 2011	Туре			
Senate	Primary				
President	Other (specify) ▼				
State: NY District: 29					
SUBTOTAL of Disbursements This Page (optional)		······	5000.00		
TOTAL This Period (last page this line number only)			5000.00		

SCHEDULE B (FEC Form 3X)	Lles concrete cohedule(s)	\ I	FOR LINE NUMBER: PAGE 13 OF 13			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	21b	22 🗙 23	24 25 26		
	, ,	27	28a 28b	28c 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	audition of any point	23 2011.1111100 10	23 30/11/30/10/13 11	on decir domination.		
American Benefits Council Political	Action Committee					
Full Name (Last, First, Middle Initial)						
A. UPTON FOR ALL OF US			Date of Disbursement			
Mailing Address P.O. BOX 490			02 11	2011		
City S ST. JOSEPH	State Zip Code MI 49085		Transaction ID :	SB23.4219		
Purpose of Disbursement Campaign contribution		011	Amount of Each D	isbursement this Period		
Candidate Name FREDERICK STEPHEN UPTON	Category/ Type	1000.00				
Office Sought: House Disbursem	nent For: 2011 Primary	туре		7		
	Other (specify) ▼					
Full Name (Last, First, Middle Initial)						
B. VERN BUCHANAN FOR CONGRESS			Date of Disbursement			
Mailing Address P. O. BOX 48928			02 11	2011		
SARASOTA	State Zip Code FL 34230		Transaction ID :	SB23.4224		
Purpose of Disbursement Campaign contribution			Amount of Each D	isbursement this Period		
Candidate Name VERN BUCHANAN			1500.00			
Office Sought: House Disbursem	nent For: 2011	Туре				
President	Primary					
State: FL District: 13 Full Name (Last, First, Middle Initial)						
C.	Date of Disbursement					
Mailing Address			M M / D D	/ Y Y Y Y		
City	State Zip Code					
Purpose of Disbursement						
Candidate Name	Category/ Type		isbursement this Period			
	nent For: Primary General Other (specify)	71				
State. District.						
SUBTOTAL of Disbursements This Page (optional)		·····•	7	2500.00		
TOTAL This Period (last page this line number only).				17000.00		