

**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

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00153171

3. IS THIS
REPORTNEW
(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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2014

through

M M M / D D D / Y Y Y Y Y Y
06 30 2014

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 RALPH P KASS

Signature of Treasurer

RALPH P KASS

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 11 2014

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. 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: M M / D D / Y Y Y Y Y Y
04 / 01 / 2014 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		32591.33
(b) Cash on Hand at Beginning of Reporting Period.....	32591.33	
(c) Total Receipts (from Line 19)	13251.48	13251.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	45842.81	45842.81
7. Total Disbursements (from Line 31)	9000.00	9000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	36842.81	36842.81
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)

Page 3

Write or Type Committee Name

AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04	/	01	/	2014

To:

M M	/	D D	/	Y Y Y Y
06	/	30	/	2014

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).....	13250.00	13250.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	13250.00	13250.00
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.).....	1.48	1.48
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))..... ▶	13251.48	13251.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13251.48	13251.48

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	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.....	9000.00	9000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	9000.00	9000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9000.00	9000.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	13250.00	13250.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13250.00	13250.00
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: PAGE 6 OF 10
(check only one)

☐ 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. J P MORGAN CHASE BANK N A

Mailing Address 10 S DEARBORN STREET IL1-0520

City State Zip Code
 CHICAGO IL 60603

FEC ID number of contributing
federal political committee.

C C70005343

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / **07** / **2014**

Transaction ID : SA11C.4106

Amount of Each Receipt this Period

5000.00

PAC to PAC contribution

Full Name (Last, First, Middle Initial)

B. MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City State Zip Code
 SPRINGFIELD MA 01111

FEC ID number of contributing
federal political committee.

C C00118943

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

05 / **27** / **2014**

Transaction ID : SA11C.4110

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA
 1-32-301

City State Zip Code
 COLUMBUS OH 43215

FEC ID number of contributing
federal political committee.

C C00076174

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

06 / **09** / **2014**

Transaction ID : SA11C.4112

Amount of Each Receipt this Period

1250.00

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

11250.00

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

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10
(check only one)

☐ 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)

A. PACIFIC LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 700 NEWPORT CENTER DRIVE

City State Zip Code
 NEWPORT BEACH CA 92660

FEC ID number of contributing
federal political committee.

C C00068528

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / **21** / **2014**

Transaction ID : SA11C.4108

Amount of Each Receipt this Period

2000.00

PAC to PAC Contribution

Full Name (Last, First, Middle Initial)

B.

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

Full Name (Last, First, Middle Initial)

C.

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)..... ►

2000.00

13250.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 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. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City	State	Zip Code
ALEXANDRIA	VA	22314

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	☐ House
	☒ Senate
	☐ President
State: TN	District:

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : SB23.4117

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. BOEHNER FOR SPEAKER

Mailing Address 320 FIRST ST., SE

City	State	Zip Code
WASHINGTON	DC	20003

Purpose of Disbursement
Campaign contribution

Candidate Name

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

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		25		2014

Transaction ID : SB23.4130

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. BRADY FOR CONGRESS

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President
State: TX	District: 08

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		14		2014

Transaction ID : SB23.4119

Amount of Each Disbursement this Period

1000.00

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

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 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. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City	State	Zip Code
ATLANTA	GA	30325

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	☐ House
	☒ Senate
	☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	14	/	2014

Transaction ID : SB23.4121

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KIND FOR CONGRESS COMMITTEE

Mailing Address 205 5TH AVENUE SOUTH

City	State	Zip Code
LA CROSSE	WI	54601

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: WI District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SB23.4124

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. KLINE FOR CONGRESSMailing Address 350 W BURNSVILLE PKWY
STE 375

City	State	Zip Code
BURNSVILLE	MN	55337

Purpose of Disbursement
Campaign contribution

Candidate Name

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	27	/	2014

Transaction ID : SB23.4126

Amount of Each Disbursement this Period

500.00

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

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 10

☐ 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. RICHARD E NEAL FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		09		2014

Mailing Address 76 MAGNOLIA TERRACE

City	State	Zip Code
SPRINGFIELD	MA	01108

Transaction ID : SB23.4114Purpose of Disbursement
CAMPAIGN CONTRIBUTION

011

Amount of Each Disbursement this Period

Candidate Name

RICHARD E NEAL FOR CONGRESS COMMITTEECategory/
Type

1000.00

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 01

Full Name (Last, First, Middle Initial)

B. TOM REED FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2014

Mailing Address PO BOX 391

City	State	Zip Code
GENEVA	NY	14456

Transaction ID : SB23.4128Purpose of Disbursement
Campaign contributionCategory/
Type

Amount of Each Disbursement this Period

Candidate Name

1000.00

Office Sought:	☒ House
	☐ Senate
	☐ President

Disbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NY District: 23

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Amount of Each Disbursement this Period

Candidate Name

Office Sought:	☐ House
	☐ Senate
	☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

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

2000.00

9000.00