

**FEC
FORM 3X**

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

RECEIVED
FEC OFFICE CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines.

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)

1 5 0 1 M S T R E E T , N W S U I T E 6 0 0

Check if different than previously reported. (ACC)

W A S H I N G T O N D I C 2 0 0 5 - 1 7 5 5

2. FEC IDENTIFICATION NUMBER

C 0 0 1 5 3 1 7 1

CITY STATE ZIP CODE

3. IS THIS REPORT NEW OR AMENDED
 (N) (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 8 through 0 9 / 3 0 / 2 0 0 8

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

1 0 / 1 4 / 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							
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FEC FORM 3X
Rev. 12/2004

29030092804

**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: 07 / 01 / 2008 To: 09 / 30 / 2008

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2008		25,367.90
(b) Cash on Hand at Beginning of Reporting Period.....	33,568.20	
(c) Total Receipts (from Line 19)	2,021.65	22,142.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	35,589.85	47,510.82
7. Total Disbursements (from Line 31)	5,000.00	16,920.97
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	30,589.85	30,589.85
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)		

29030092805

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:

07 / 01 / 2008

To:

09 / 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).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

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.).....

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)).....▶

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

200000

2200000

2165

14292

202165

2214292

202165

2214292

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**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		
(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.....	5000 00	16721 22
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (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 <u>TAXES</u>		19975
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))..	5066 00	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5000 00	16920 97

29030092807

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF		
	(check only one)		
<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

Full Name (Last, First, Middle Initial) A. PACIFIC LIFE PAC		Date of Receipt 09 / 24 / 2008
Mailing Address 700 NEWPORT CENTER DRIVE		Amount of Each Receipt this Period 2000.00
City NEWPORT BEACH	State Zip Code CA 92660-6397	
FEC ID number of contributing federal political committee. C100068528		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
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: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2000.00

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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

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Benefits Council Political Action Committee

Full Name (Last, First, Middle Initial) A. Wachovia Bank (interest)		Date of Receipt 09 / 30 / 2008
Mailing Address P.O. Box 13327		Amount of Each Receipt this Period 2165
City Roanoke	State Zip Code VA 24040-7314	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		Amount of Each Receipt this Period
City	State Zip Code	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	
TOTAL This Period (last page this line number only).....▶	2165

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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 OF 2
	<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) **POMEROY FOR CONGRESS**

Mailing Address **P.O. BOX 75214**

City **WASHINGTON** State **DC** Zip Code **20013**

Purpose of Disbursement **PAC CONTRIBUTION**

Candidate Name **EARL POMEROY**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **ND** District: **AT LARGE**

Date of Disbursement **09 / 25 / 2008**

Amount of Each Disbursement this Period **500.00**

Category/Type **011**

B.

Full Name (Last, First, Middle Initial) **ROBERTS FOR SENATE**

Mailing Address **666 11TH STREET, NW SUITE 800**

City **WASHINGTON** State **DC** Zip Code **20004**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION**

Candidate Name **PAT ROBERTS**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **KS** District:

Date of Disbursement **09 / 25 / 2008**

Amount of Each Disbursement this Period **500.00**

Category/Type **011**

C.

Full Name (Last, First, Middle Initial) **FRIENDS OF BLANCHE LINCOLN**

Mailing Address **300 MASSACHUSETTS AVE., NE**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION**

Candidate Name **BLANCHE LINCOLN**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: **AR** District:

Date of Disbursement **09 / 25 / 2008**

Amount of Each Disbursement this Period **1,000.00**

Category/Type **011**

SUBTOTAL of Disbursements This Page (optional)..... ▶ **2000.00**

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 2 OF 2
	<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

A. Full Name (Last, First, Middle Initial) **KIND FOR CONGRESS** Date of Disbursement **09/25/2008**

Mailing Address **1207 C STREET, N.E.**

City **WASHINGTON** State **DC** Zip Code **20002**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Amount of Each Disbursement this Period **1500.00**

Candidate Name **RON KIND** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **3**

State: **WI** District: **3**

B. Full Name (Last, First, Middle Initial) **HERSER FOR CONGRESS** Date of Disbursement **09/25/2008**

Mailing Address **P.O. BOX 1500**

City **CHICO** State **CA** Zip Code **95929**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Amount of Each Disbursement this Period **1000.00**

Candidate Name **WALLY HERSER** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **2**

State: **CA** District: **2**

C. Full Name (Last, First, Middle Initial) **ANDREWS FOR CONGRESS** Date of Disbursement **09/25/2008**

Mailing Address **215 FOURTH AVENUE, SUITE 200**

City **HADDON HEIGHTS** State **NJ** Zip Code **08045**

Purpose of Disbursement **CAMPAIGN CONTRIBUTION** Amount of Each Disbursement this Period **500.00**

Candidate Name **ROB ANDREWS** Category/Type **011**

Office Sought: House Senate President Disbursement For: Primary General Other (specify) **1**

State: **NJ** District: **1**

SUBTOTAL of Disbursements This Page (optional)..... **3000.00**

TOTAL This Period (last page this line number only)..... **5000.00**

29030092811

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

5/26/09

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



PREPARER

(3/2005)

5/26/09

DATE PREPARED

29030092812