

# 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 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  /  /  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  /  /  2019 through  /  /  2019

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  /  /  2019

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="2019"/>	<input type="text" value="36334.32"/>	<input type="text" value="36334.32"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="36334.32"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="15000.00"/>	<input type="text" value="15000.00"/>
(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="51334.32"/>	<input type="text" value="51334.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5500.00"/>	<input type="text" value="5500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="45834.32"/>	<input type="text" value="45834.32"/>
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).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	15000.00	15000.00
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)).....▶	15000.00	15000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15000.00	15000.00

**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	5500.00
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	5500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5500.00	5500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

<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) .....	15000.00	15000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	15000.00	15000.00
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 9
<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.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
MASSACHUSETTS MUTUAL LIFE INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1295 STATE STREET

City SPRINGFIELD	State MA	Zip Code 01111
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FEC ID number of contributing federal political committee. **C** C00118943

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	22	/	2019

**Transaction ID : SA11C.4465**

Amount of Each Receipt this Period  
5000.00

Memo Item  
PAC to PAC contribution

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
NATIONWIDE MUTUAL INSURANCE COMPANY POLITICAL ACTION COMMITTEE

Mailing Address ONE NATIONWIDE PLAZA  
1-32-301

City COLUMBUS	State OH	Zip Code 43215
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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 ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	06	/	2019

**Transaction ID : SA11C.4462**

Amount of Each Receipt this Period  
2500.00

Memo Item  
PAC to PAC contribution

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
TRANSAMERICA CORPORATION PAC

Mailing Address 600 13TH STREET, NW  
SUITE 400B

City WASHINGTON	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00236414

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2019

**Transaction ID : SA11C.4461**

Amount of Each Receipt this Period  
5000.00

Memo Item  
PAC to APC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> 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: (check only one)	PAGE 7 OF 9
<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

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NAME OF COMMITTEE (In Full)  
**AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
VOYA FINANCIAL, INC., POLITICAL ACTION COMMITTEE (VOYA FINANCIAL PAC)

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	08	/	2019

**Transaction ID : SA11C.4463**

Mailing Address 230 PARK AVENUE  
C/O CHIEF LEGAL OFFICER

City NEW YORK	State NY	Zip Code 10169
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Amount of Each Receipt this Period  

2500.00
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FEC ID number of contributing federal political committee. **C** C00184028

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

Memo Item  
PAC to PAC contribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  

2500.00
---------

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Date of Receipt  

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

Mailing Address

City	State	Zip Code
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Amount of Each Receipt this Period  

--

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

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

Memo Item

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  

--

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Date of Receipt  

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

Mailing Address

City	State	Zip Code
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Amount of Each Receipt this Period  

--

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

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

Memo Item

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  

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

2500.00
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**TOTAL** This Period (last page this line number only)..... ▶

15000.00
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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"/> 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. BOBBY SCOTT FOR CONGRESS**

Mailing Address POST OFFICE BOX 251

City NEWPORT NEWS State VA Zip Code 23607

Purpose of Disbursement Campaign contribution

011  
Category/  
Type

Candidate Name SCOTT, ROBERT C MR, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼  
State: VA District: 03

Date of Disbursement  
MM / DD / YYYY  
03 / 15 / 2019

FEC Identification Number  
C 000256925  
Transaction ID : SB23.4472  
Amount of Each Disbursement this Period  
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR BOYLE**

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement Campaign contribution

011  
Category/  
Type

Candidate Name BOYLE, BRENDAN F, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼  
State: PA District: 02

Date of Disbursement  
MM / DD / YYYY  
03 / 28 / 2019

FEC Identification Number  
C 000543363  
Transaction ID : SB23.4478  
Amount of Each Disbursement this Period  
1500.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. DONALD NORCROSS FOR CONGRESS**

Mailing Address PO BOX 160

City COLLINGSWOOD State NJ Zip Code 08108

Purpose of Disbursement Campaign contribution

011  
Category/  
Type

Candidate Name NORCROSS, DONALD W, , ,

Office Sought:  House  Senate  President  
Disbursement For: 2019  Primary  General  Other (specify) ▼  
State: NJ District: 01

Date of Disbursement  
MM / DD / YYYY  
02 / 15 / 2019

FEC Identification Number  
C H4NJ01084  
Transaction ID : SB23.4466  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

3500.00



**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

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NAME OF COMMITTEE (In Full)

**AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. JEFFRIES FOR CONGRESS**

Mailing Address 3430 CONNECTICUT AVENUE, NW #11704

City WASHINGTON State DC Zip Code 20008

Purpose of Disbursement Campaign contribution

Category/Type

Candidate Name JEFFRIES, HAKEEM, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2019  Primary  General  Other (specify) ▼  
 State: NY District: 08

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB23.4475

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B. NEVADANS FOR HORSFORD**

Mailing Address PO BOX 336664

City NORTH LAS VEGAS State NV Zip Code 89033

Purpose of Disbursement Campaign contribution

Category/Type

Candidate Name HORSFORD, STEVEN, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2019  Primary  General  Other (specify) ▼  
 State: NV District: 04

Date of Disbursement

/  /

FEC Identification Number

Transaction ID : SB23.4469

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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