

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Benefits Council 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 NUMBER** 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 Quarterly 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 04 01 2010 through 06 30 2010

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 Mr. James A. Klein

Signature of Treasurer Electronically Filed by Mr. James A. Klein Date 07 01 2010

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**

Write or Type Committee Name  
American Benefits Council Political Action Committee

Report Covering the Period: From: 

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		18674.21
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	27175.66									
(c) Total Receipts (from Line 19) .....	16151.47	28652.92								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	43327.13	47327.13								
7. Total Disbursements (from Line 31) .....	7500.00	11500.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35827.13	35827.13								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

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) .....	8550.00	9050.00
(ii) Unitemized .....	600.00	600.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9150.00	9650.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	7000.00	19000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	16150.00	28650.00
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.) .....	1.47	2.92
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 Transfer (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)) .....	16151.47	28652.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	16151.47	28652.92

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	7500.00	11500.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	7500.00	11500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	11500.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	16150.00	28650.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	16150.00	28650.00
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 / 13  
(check only one)

<input checked="" 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 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 (Last, First, Middle Initial)  
Kenneth Grant

Mailing Address 5521 Roberts Drive

City State Zip Code  
Plano TX 75093-7630

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4127

Amount of Each Receipt this Period  
500.00

PAC contribution

**B.**

Full Name (Last, First, Middle Initial)  
Eric Kaufman

Mailing Address 25517 Via Dona Christa

City State Zip Code  
Valencia CA 91355

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4123

Amount of Each Receipt this Period  
1000.00

PAC contribution

**C.**

Full Name (Last, First, Middle Initial)  
Tracy Landing

Mailing Address 4630 W. 70th Terrace

City State Zip Code  
Prairie Village KS 66208

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4135

Amount of Each Receipt this Period  
500.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2000.00**

**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 / 13  
(check only one)

<input checked="" 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 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 (Last, First, Middle Initial)  
Joseph Lipari

Mailing Address 2405 Paradise Lane

City State Zip Code  
Flower Mound TX 75022

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4133

Amount of Each Receipt this Period  
500.00

PAC contribution

**B.**

Full Name (Last, First, Middle Initial)  
Charles McCulloch

Mailing Address 2111 Linea Del Pino St.

City State Zip Code  
Houston TX 77077-5615

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4131

Amount of Each Receipt this Period  
500.00

PAC contribution

**C.**

Full Name (Last, First, Middle Initial)  
Tracy Musolf

Mailing Address 4442 Aminda Street

City State Zip Code  
Shawnee KS 66226-2454

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4139

Amount of Each Receipt this Period  
250.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 8 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
Lynn Palmer

Mailing Address 7278 Tangleglen Pl.

City State Zip Code  
Dallas TX 75248-5625

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4129

Amount of Each Receipt this Period  
500.00

PAC contribution

**B.** Full Name (Last, First, Middle Initial)  
Tanna Prince

Mailing Address 4681 Panorama Court

City State Zip Code  
Las Vegas NV 89129

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4121

Amount of Each Receipt this Period  
1000.00

PAC contribution

**C.** Full Name (Last, First, Middle Initial)  
Scott Rhind

Mailing Address 4149 W. 124th Terrace

City State Zip Code  
Leawood KS 66208

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11AI.4137

Amount of Each Receipt this Period  
300.00

PAC contribution

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

**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 9 / 13  
(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

**A.** Full Name (Last, First, Middle Initial)  
Thomas Schaffler

Mailing Address 618 Gary Avenue

City State Zip Code  
Wheaton IL 60187

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

**Transaction ID:** SA11AI.4119

Amount of Each Receipt this Period  
3000.00

PAC contribution

**B.** Full Name (Last, First, Middle Initial)  
Mark Seely

Mailing Address 2309 W. 103rd Street

City State Zip Code  
Leawood KS 66206

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

Name of Employer Occupation  
Lockton Benefits Human Resources employee

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	0	2	/	2	0	1	0

**Transaction ID:** SA11AI.4125

Amount of Each Receipt this Period  
500.00

PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	3500.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	8550.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 10 / 13</span>
	(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	

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

**A.** Full Name (Last, First, Middle Initial)  
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**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
05 / 07 / 2010

**Transaction ID:** SA11C.4149

Amount of Each Receipt this Period  
5000.00

PAC to PAC contribution

**B.** Full Name (Last, First, Middle Initial)  
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**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
MM / DD / YYYY  
06 / 02 / 2010

**Transaction ID:** SA11C.4151

Amount of Each Receipt this Period  
2000.00

PAC to PAC contribution

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>7000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>7000.00</b>

# 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

<b>A.</b> Full Name (Last, First, Middle Initial) CHARLES DR. JR. BOUSTANY <hr/> Mailing Address PO Box 80125 <hr/> City Lafayette State LA Zip Code 70598 <hr/> Purpose of Disbursement Campaign contribution Candidate Name CHARLES DR. JR. BOUSTANY <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: LA District: 07 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4161 Date of Disbursement M M / D D / Y Y Y Y 06 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) S. BRETT GUTHRIE <hr/> Mailing Address 1005 Wrenwood Drive <hr/> City Bowling Green State KY Zip Code 42103 <hr/> Purpose of Disbursement Campaign contribution Candidate Name S. BRETT GUTHRIE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: KY District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4153 Date of Disbursement M M / D D / Y Y Y Y 05 / 10 / 2010
	Amount of Each Disbursement this Period 1000.00
	Category/ Type 011
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) JOHN P. KLINE <hr/> Mailing Address 10085 170th St. W. <hr/> City Lakeville State MN Zip Code 55044 <hr/> Purpose of Disbursement Campaign contribution Candidate Name JOHN P. KLINE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MN District: 02 Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4165 Date of Disbursement M M / D D / Y Y Y Y 06 / 28 / 2010
	Amount of Each Disbursement this Period 1500.00
	Category/ Type
	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

3500.00

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

# 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

<p><b>A.</b> Full Name (Last, First, Middle Initial) BLANCHE LINCOLN</p> <p>Mailing Address PO BOX 3197</p> <p>City LITTLE ROCK State AR Zip Code 72203</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name BLANCHE LINCOLN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: AR District: 01</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4155</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td>/</td><td>1</td><td>0</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type: 011</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	5	/	1	0	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	5	/	1	0	/	2	0	1	0													
1000.00																						
<p><b>B.</b> Full Name (Last, First, Middle Initial) DANIEL E. LUNGREN</p> <p>Mailing Address 2002 Discovery Village Lane</p> <p>City Gold River State CA Zip Code 95670</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name DANIEL E. LUNGREN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 03</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4159</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>1</td><td>4</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type:</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	1	4	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	1	4	/	2	0	1	0													
1000.00																						
<p><b>C.</b> Full Name (Last, First, Middle Initial) CATHY MCMORRIS RODGERS</p> <p>Mailing Address PO BOX 137</p> <p>City SPOKANE State WA Zip Code 99210</p> <p>Purpose of Disbursement Campaign contribution</p> <p>Candidate Name CATHY MCMORRIS RODGERS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: WA District: 05</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> SB23.4157</p> <p>Date of Disbursement</p> <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td>/</td><td>0</td><td>7</td><td>/</td><td>2</td><td>0</td><td>1</td><td>0</td> </tr> </table> <p>Amount of Each Disbursement this Period</p> <table border="1"> <tr> <td style="text-align: center;">1000.00</td> </tr> </table> <p>Category/Type: 011</p>	M	M	/	D	D	/	Y	Y	Y	Y	0	6	/	0	7	/	2	0	1	0	1000.00
M	M	/	D	D	/	Y	Y	Y	Y													
0	6	/	0	7	/	2	0	1	0													
1000.00																						

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**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 13 / 13

<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)  
CHRISTOPHER VAN HOLLEN

Transaction ID: SB23.4167

Date of Disbursement

Mailing Address 10537 ST PAUL STREET

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	8		2	0	1	0

City State Zip Code  
KENNSINGTON MD 20895

Amount of Each Disbursement this Period

1000.00
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Purpose of Disbursement  
Campaign contribution

--

Category/  
Type

Candidate Name  
CHRISTOPHER VAN HOLLEN

Office Sought:  House  
 Senate  
 President  
State: MD District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

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

1000.00
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TOTAL This Period (last page this line number only) .....

7500.00
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