REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

FEDERAL ELECTION COMMISSION MAIL ROOM

FEB 4 11 14 AM '

1. NAME OF COMMITTEE (in full)
INDIANA DENTAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ☐ Check if different than previously reported
1200 N. WALNUT ST.

CITY, STATE and ZIP CODE
HARTFORD CITY, IN 47348

2. FEC IDENTIFICATION NUMBER
C00082636

3. ☐ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☒ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____.

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 7/1/95 through 12/31/95		
6. (a) Cash on Hand January 1, 19 95		$ 24900.87
(b) Cash on Hand at Beginning of Reporting Period	$ 44027.08	
(c) Total Receipts (from Line 19)	$ 4556.02	$ 24242.18
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 48583.10	$ 49143.05
7. Total Disbursements (from Line 30)	$ 6108.00	$ 6667.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 42475.10	$ 42475.10
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)	$ 1300.00	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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
RAYMOND M. MADDOX, DDS

Signature of Treasurer
Raymond M. Maddox DDS

Date
1-25-96

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

FEC FORM 3X
(revised 9/93)

FE6AN065

DETAILED SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: INDIANA DENTAL POLITICAL ACTION COMMITTEE

REPORT COVERING PERIOD FROM 7/1/95 TO 12/31/95

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	3987.50	23157.50	11(a)(ii)
iii. Total (add i and ii) ➤	3987.50	23157.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	3987.50	23157.50	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	568.52	1084.68	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	4556.02	24242.18	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	4556.02	24242.18	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees			23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	6108.00	6667.95	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	6108.00	6667.95	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	6108.00	6667.95	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	3987.50	23157.50	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	3987.50	23157.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE6AN068

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 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)

INDIANA DENTAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. SMITH BARNEY 111 MONUMENT CIRCLE INDPLS., IN 46204 Receipt For: [ ] Primary [ ] General [X] Other (specify): INVESTMENT INCOME	Name of Employer Occupation Aggregate Year-to-Date $ 1084.68	7/1/95-12/31/95	568.52
B. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
C. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
D. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
E. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
F. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period
G. Full Name, Mailing Address and ZIP Code Receipt For: [ ] Primary [ ] General [ ] Other (specify):	Name of Employer Occupation Aggregate Year-to-Date $	Date (month, day, year)	Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)	
TOTAL This Period (last page this line number only)	568.52

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 2

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

INDIANA DENTAL POLITICAL ACTION COMMITTEE

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. INDIANA STATE REPUBLICAN COMM. STATE HOUSE INDPLS., IN 46204	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/10/95	1200.00
B. RICHARD LUGAR EXCELLENCE IN PUBLIC SERVICE 306 HART BLDG. WASHINGTON, DC 20510	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/18/95	500.00
C. INDIANA STATE REPUBLICAN COMM. STATE HOUSE INDPLS., IN 46204	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	7/21/95	1000.00
D. SENATE MAJORITY CAMPAIGN COMM. STATE HOUSE INDPLS., IN 46204	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/17/95	250.00
E. HOUSE REPUBLICAN CAMPAIGN COMM. STATE HOUSE INDPLS., IN 46204	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	11/17/95	500.00
F. HOUSE REPUBLICAN CAMPAIGN COMM. STATE HOUSE INDPLS., IN 46204	MEALS Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/8/95	100.00
G. JOHN BECKER FOR ST. REP. COMM. 3010 ANDRE LANE FORT WAYNE, IN 46806	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/8/95	200.00
H. CITIZENS FOR BILL ALEXA 2207 SHANNON DR. VALPARAISO, IN 46383	CAMPAIGN CONTRIBUTION Disbursement for: [ ] Primary [X] General [ ] Other (specify)	12/8/95	100.00
I. INDPLS. DISTRICT DENTAL SOCIETY 3901 N. MERIDIAN #10 INDPLS., IN 46208	RECEPTION Disbursement for: [ ] Primary [ ] General [X] Other (specify)	11/17/95	160.00

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

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 2 OF 2
	FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

INDIANA DENTAL POLITICAL ACTION COMMITTEE

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
ADPAC 111 14TH ST. NW WASHINGTON, DC 20005-5603	PRINTING & MAILING Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/8/95	2048.00
B. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement**	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
SMITH BARNEY 111 MONUMENT CIRCLE INDPLS., IN 46204	ANNUAL FEE Disbursement for: [ ] Primary [ ] General [X] Other (specify)	12/29/95	50.00
C. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
D. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
E. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
F. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
G. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
H. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**
I. Full Name, Mailing Address and ZIP Code	**Purpose of Disbursement** Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	**Date (month, day, year)**	**Amount of Each Disbursement This Period**

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	6108.00

FE5AN065

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

Page 1 of 1
LINE NUMBER 10
(Use separate schedules for each numbered line)

Name of Committee (in Full)	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
INDIANA DENTAL POLITICAL ACTION COMM.				
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor KEHLENBRINK, LAWRENCE & PAUCKNER 6296 RUCKER RD., SUITE G INDIANAPOLIS, IN 46220	0	1300.00	0	1300.00
Nature of Debt (Purpose): ACCOUNTING FEES				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	1300.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1300.00

FE5AN095

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
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☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

SEG. 2-4-96

PREPARER DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 0 2 5 5 0 4 3