

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.
Delta Dental Plans Association PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 07 / 01 / 2011 through 12 / 31 / 2011

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 Ben Yomtoob

Signature of Treasurer Ben Yomtoob [Electronically Filed] Date 01 / 30 / 2012

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Delta Dental Plans Association PAC

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="2011"/>	<input type="text" value="124314.50"/>	<input type="text" value="124314.50"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="77078.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="100186.40"/>	<input type="text" value="100950.34"/>
(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="177264.84"/>	<input type="text" value="225264.84"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="40936.40"/>	<input type="text" value="88936.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="136328.44"/>	<input type="text" value="136328.44"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Delta Dental Plans Association PAC

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).....	73270.00	74020.00
(ii) Unitemized	13030.00	13030.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	86300.00	87050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	86300.00	87050.00
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.).....	13886.40	13900.34
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))..... ▶	100186.40	100950.34
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	100186.40	100950.34

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.....	24500.00	72500.00
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	2550.00	2550.00
(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)).....	2550.00	2550.00
29. Other Disbursements	13886.40	13886.40
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)) ..	40936.40	88936.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40936.40	88936.40

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)	86300.00	87050.00
34. Total Contribution Refunds (from Line 28(d))	2550.00	2550.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	83750.00	84500.00
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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XN
Transaction ID :

Line 17 of Schedule A discloses a receipt from Delta Dental Plans Association ('DDPA') and Line 29 of Schedule B discloses a disbursement to DDPA. Please be advised that the PAC mistakenly deposited funds meant for a different DDPA bank account. As soon as this issue was discovered, the PAC immediately transferred the misdeposited funds to the correct DDPA bank account.

Form/Schedule:
Transaction ID:

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

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

FOR LINE NUMBER: PAGE 8 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)
A. Linda Arneson

Mailing Address 5660 South Benton Circle

City Littleton State CO Zip Code 80123

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

Name of Employer Delta Dental of Colorado Occupation COO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4650

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. Douglas Ballweg

Mailing Address 2000 Birchwood Ave

City Stevens Point State WI Zip Code 54482

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

Name of Employer Delta Dental of Wisconsin Occupation V.P. Finance & CFO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4688

Amount of Each Receipt this Period
650.00

Full Name (Last, First, Middle Initial)
C. Robert Barney

Mailing Address 23 Chelsea Ave.

City Egg Harbor State NJ Zip Code 08234

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

Name of Employer Delta Dental of New Jersey Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.4693

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1400.00

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: (check only one)	PAGE 9 OF 51
<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)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial) A. Anthony Barth		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2011 Transaction ID : SA11AI.4362
Mailing Address 560 Silverado Drive		Amount of Each Receipt this Period 250.00
City Tiburon	State CA	Zip Code 94920
FEC ID number of contributing federal political committee. C		
Name of Employer Delta Dental Insurance Company	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Cheryl Bascombe		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 05 / 2011 Transaction ID : SA11AI.4535
Mailing Address 292 Town Farm Road		Amount of Each Receipt this Period 350.00
City New Gloucester	State ME	Zip Code 04260
FEC ID number of contributing federal political committee. C		
Name of Employer Delta Dental Maine	Occupation Board Member	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) C. Walter Bolic		Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 14 / 2011 Transaction ID : SA11AI.4247
Mailing Address 11105 Costa Del Sol NE		Amount of Each Receipt this Period 1000.00
City Albuquerque	State NM	Zip Code 87111
FEC ID number of contributing federal political committee. C		
Name of Employer Delta Dental of New Mexico	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
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: (check only one)	PAGE 10 OF 51
	<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)
Delta Dental Plans Association PAC

A. Stacey Bonn
 Full Name (Last, First, Middle Initial)
 Mailing Address 344 W Seminary Ave
 City Wheaton State IL Zip Code 60187
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Illinois Occupation Chief Administrative Officer & Interim
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.4452
 Amount of Each Receipt this Period
 1000.00

B. Linda Brantner
 Full Name (Last, First, Middle Initial)
 Mailing Address 14300 E 13th Street N
 City Wichita State KS Zip Code 67230
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Kansas Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2011
Transaction ID : SA11AI.4593
 Amount of Each Receipt this Period
 500.00

C. Rebecca Bretting
 Full Name (Last, First, Middle Initial)
 Mailing Address 4101 Summit West Road
 City Ashland State WI Zip Code 54806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4654
 Amount of Each Receipt this Period
 650.00

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
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: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)
A. Dale Brown

Mailing Address 225 Idaho Suite 23

City Las Cruces State NM Zip Code 88005

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

Name of Employer Dale Brown, DDS Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.4442

Amount of Each Receipt this Period
 250.00

Full Name (Last, First, Middle Initial)
B. Dennis Brown

Mailing Address P.O. Box 828

City Stevens Point State WI Zip Code 54481

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

Name of Employer Delta Dental of Wisconsin Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4670

Amount of Each Receipt this Period
 2000.00

Full Name (Last, First, Middle Initial)
C. Barbara Burgel

Mailing Address 312 Edna St.

City San Francisco State CA Zip Code 94112

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
 M M M / D D D / Y Y Y Y Y Y
 08 / 12 / 2011

Transaction ID : SA11AI.4555

Amount of Each Receipt this Period
 2000.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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: (check only one)	PAGE 12 OF 51
<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)
Delta Dental Plans Association PAC

A. Janet Burkard
 Full Name (Last, First, Middle Initial)
 Mailing Address 1234 S Wright St
 City Lakewood State CO Zip Code 80228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Colorado Occupation Human Resources Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 23 / 2011
Transaction ID : SA11AI.4616
 Amount of Each Receipt this Period
 850.00

B. Michael Castro
 Full Name (Last, First, Middle Initial)
 Mailing Address 352 Malcolm Ave
 City Belmont State CA Zip Code 94002
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of California Occupation E.V.P. & CFO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 26 / 2011
Transaction ID : SA11AI.4597
 Amount of Each Receipt this Period
 300.00

C. John Charletta
 Full Name (Last, First, Middle Initial)
 Mailing Address 904 Cherry St
 City Pittsburgh State PA Zip Code 15205
 FEC ID number of contributing federal political committee. **C**
 Name of Employer John Charletta, DMD Occupation Dentist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : SA11AI.4638
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1650.00
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 13 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)
A. Eddie Choate

Mailing Address 361 Pippinpost Dr.

City Conway State AR Zip Code 72034

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

Name of Employer Delta Dental of Arkansas Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 24 / 2011
Transaction ID : SA11AI.4289

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
B. Julia Ciorletti

Mailing Address 1703 22nd Court North

City Arlington State VA Zip Code 22209

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

Name of Employer Delta Dental Plans Association Occupation V.P. Government Relations & Public Pol

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 28 / 2011
Transaction ID : SA11AI.4297

Amount of Each Receipt this Period 1000.00

Full Name (Last, First, Middle Initial)
C. Michael Clark

Mailing Address 5990 Springburn Drive

City Dublin State OH Zip Code 43017

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

Name of Employer Delta Dental of Ohio Occupation Chief Marketing Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2011
Transaction ID : SA11AI.4364

Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2250.00

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: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial) A. Laura Czelada		Date of Receipt
Mailing Address 6103 W. Longview Dr		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2011"/>
City	State	Zip Code
East Lansing	MI	48823
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4348
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>
Name of Employer	Occupation	
Delta Dental of Michigan	Chief Operating Officer & CFO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Dakota Dental		Date of Receipt
Mailing Address 206 West 37th Street		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Sioux Falls	SD	57105
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4511
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ronald Deblinger		Date of Receipt
Mailing Address 1001 Clifton Ave.		<input type="text" value="10"/> / <input type="text" value="26"/> / <input type="text" value="2011"/>
City	State	Zip Code
Clifton	NJ	07013
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4382
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Clifton Endodontics	Dentist	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="2000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 15 OF 51
<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)
Delta Dental Plans Association PAC

A. Delta Dental Wisconsin
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 86
 City Stevens Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.4261
 Amount of Each Receipt this Period
 650.00

B. Patrick Dineen
 Full Name (Last, First, Middle Initial)
 Mailing Address 8428 Ridge Road
 City Medina State WA Zip Code 98039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Washington Dental Service Board Member
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 15 / 2011
Transaction ID : SA11AI.4446
 Amount of Each Receipt this Period
 250.00

C. Rick Doering
 Full Name (Last, First, Middle Initial)
 Mailing Address 189 Oldcastle Lan
 City Alameda State CA Zip Code 94502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Delta Dental of California V.P. Human Resources
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 12 / 2011
Transaction ID : SA11AI.4557
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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: (check only one)	PAGE 16 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Fay Donohue-rolfe
Full Name (Last, First, Middle Initial)
Mailing Address 11 Adams St.
City Charlestown State MA Zip Code 02129
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Massachusetts Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 01 / 2011
Transaction ID : SA11AI.4402
Amount of Each Receipt this Period
500.00

B. James Dwyer
Full Name (Last, First, Middle Initial)
Mailing Address 9706 4th Ave NE
City Seattle State WA Zip Code 98115
FEC ID number of contributing federal political committee. **C**
Name of Employer Washington Dental Service Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 23 / 2011
Transaction ID : SA11AI.4602
Amount of Each Receipt this Period
1000.00

C. James Dwyer
Full Name (Last, First, Middle Initial)
Mailing Address 9706 4th Ave NE
City Seattle State WA Zip Code 98115
FEC ID number of contributing federal political committee. **C**
Name of Employer Washington Dental Service Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2011
Transaction ID : SA11AI.4360
Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
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: (check only one)	PAGE 17 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Frederick Eichmiller
Full Name (Last, First, Middle Initial)

Mailing Address 3972 N Hay Meadow Dr

City Mosinee	State WI	Zip Code 54455
-----------------	-------------	-------------------

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

Name of Employer Delta Dental of Wisconsin	Occupation V.P. & Science Officer
---	--------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2011

Transaction ID : SA11AI.4668

Amount of Each Receipt this Period

650.00

B. Cynthia Evans
Full Name (Last, First, Middle Initial)

Mailing Address 8222 Spinnaker Bay Drive

City Windsor	State CO	Zip Code 80528
-----------------	-------------	-------------------

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

Name of Employer Delta Dental of Colorado	Occupation Board Member
--	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

Transaction ID : SA11AI.4606

Amount of Each Receipt this Period

1000.00

C. Dave Evans
Full Name (Last, First, Middle Initial)

Mailing Address 5465 SW Dover Lane

City Portland	State OR	Zip Code 97225
------------------	-------------	-------------------

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

Name of Employer ODS Companies	Occupation V.P. & Controller
-----------------------------------	---------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional).....▶	2150.00
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: (check only one)	PAGE 18 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Jeff Feiock
Full Name (Last, First, Middle Initial)

Mailing Address 2617 S Princeton Ave

City State Zip Code
Sioux Falls SD 57106

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

Name of Employer Occupation
Jeff Feiock, DDS Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2011

Transaction ID : SA11AI.4519

Amount of Each Receipt this Period
250.00

B. Renee Fisher
Full Name (Last, First, Middle Initial)

Mailing Address 94 Halderman Ave.

City State Zip Code
New Cumberland PA 17070

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

Name of Employer Occupation
Delta Dental of Pennsylvania V.P. Quality Assurance & Training

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : SA11AI.4273

Amount of Each Receipt this Period
500.00

C. Paul Fitzgerald
Full Name (Last, First, Middle Initial)

Mailing Address 209 West Holly
P.O. Box 116

City State Zip Code
Sheridan AR 72150

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

Name of Employer Occupation
Paul Fitzgerald, DDS Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 24 / 2011

Transaction ID : SA11AI.4281

Amount of Each Receipt this Period
600.00

SUBTOTAL of Receipts This Page (optional).....▶	1350.00
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: (check only one)	PAGE 19 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Pamela Gartmann
Full Name (Last, First, Middle Initial)

Mailing Address 3003 Clark Street

City Stevens Point State WI Zip Code 54481

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

Name of Employer Delta Dental of Wisconsin Occupation V.P. Administration

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4660

Amount of Each Receipt this Period
 650.00

B. Tom Gates
Full Name (Last, First, Middle Initial)

Mailing Address 25822 NE 25th St.

City Redmond State WA Zip Code 98053

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

Name of Employer Washington Dental Service Occupation V.P. Planning & Corp. Development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.4636

Amount of Each Receipt this Period
 500.00

C. Gordon Gentry
Full Name (Last, First, Middle Initial)

Mailing Address 12 Butler Place

City Newport News State VA Zip Code 23606

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

Name of Employer Delta Dental of Virginia Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 05 / 2011

Transaction ID : SA11AI.4533

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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: (check only one)	PAGE 20 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Dale Gibson
Full Name (Last, First, Middle Initial)
Mailing Address 1010 Valley View Ct.
City Huron State SD Zip Code 57350
FEC ID number of contributing federal political committee. **C**
Name of Employer Dale Gibson, DDS Occupation Dentist
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 28 / 2011**
Transaction ID : SA11AI.4291
Amount of Each Receipt this Period **250.00**

B. Robert Gladden
Full Name (Last, First, Middle Initial)
Mailing Address 14300 Chenal PKWY Apt 7022
City Little Rock State AR Zip Code 72211
FEC ID number of contributing federal political committee. **C**
Name of Employer Coulson Oil Company Occupation
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **400.00**

Date of Receipt **10 / 24 / 2011**
Transaction ID : SA11AI.4279
Amount of Each Receipt this Period **400.00**

C. Robert Gootee
Full Name (Last, First, Middle Initial)
Mailing Address 10824 SE Oak St
City Milwaukie State OR Zip Code 97222
FEC ID number of contributing federal political committee. **C**
Name of Employer ODS Companies Occupation President & CEO
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 15 / 2011**
Transaction ID : SA11AI.4448
Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **1650.00**
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: (check only one)	PAGE 21 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Karen Green
Full Name (Last, First, Middle Initial)

Mailing Address 8454 Carriage Ln

City portland State MI Zip Code 48875

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

Name of Employer Delta Dental of Michigan Occupation V.P. Quality Assurance & Informatics

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2011

Transaction ID : SA11AI.4346

Amount of Each Receipt this Period
 250.00

B. John Hall
Full Name (Last, First, Middle Initial)

Mailing Address 263 Pretty Brook Rd

City Princeton State NJ Zip Code 08540

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

Name of Employer Delta Dental of New Jersey Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.4476

Amount of Each Receipt this Period
 1000.00

C. Kerry Hall
Full Name (Last, First, Middle Initial)

Mailing Address 718 Shadow Mtn Trail

City Cheyenne State WY Zip Code 82009

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

Name of Employer Delta Dental of Wyoming Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.4474

Amount of Each Receipt this Period
 900.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2150.00

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: (check only one)	PAGE 22 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Toby Hall
Full Name (Last, First, Middle Initial)
Mailing Address 3522 Woodridge Dr
City Howell State MI Zip Code 48843
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Michigan Occupation V.P. & Chief Actuary
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 250.00

Date of Receipt 10 / 23 / 2011
Transaction ID : SA11AI.4354
Amount of Each Receipt this Period 250.00

B. Greg Hanson
Full Name (Last, First, Middle Initial)
Mailing Address 1025 Fairview Street
City Rapid City State SD Zip Code 57701
FEC ID number of contributing federal political committee. **C**
Name of Employer Gegory Hanson, DDS Occupation Dentist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 240.00

Date of Receipt 10 / 23 / 2011
Transaction ID : SA11AI.4352
Amount of Each Receipt this Period 240.00

C. Monica Hebl
Full Name (Last, First, Middle Initial)
Mailing Address 141 N Jackson Street Unit 214
City Millwaukee State WI Zip Code 53202
FEC ID number of contributing federal political committee. **C**
Name of Employer Monica Hebl, DDS Occupation Dentist
Receipt For: Primary General Other (specify) Aggregate Year-to-Date 650.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4684
Amount of Each Receipt this Period 650.00

SUBTOTAL of Receipts This Page (optional).....▶ 1140.00
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: (check only one)	PAGE 23 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial) A. Patrick Henry		Date of Receipt
Mailing Address 9707 Turnbuckle Dr.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Burke	VA	22015
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Delta Dental of California	S.V.P. Federal Government Programs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	
		Transaction ID : SA11AI.4674
		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>

Full Name (Last, First, Middle Initial) B. Edward Hjerpe		Date of Receipt
Mailing Address 1 Great Rd		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Barrington	RI	02806
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Delta Dental of Massachusetts	Board Member	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	
		Transaction ID : SA11AI.4510
		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>

Full Name (Last, First, Middle Initial) C. Donn Hutchins		Date of Receipt
Mailing Address 108 South 33rd Street		<input type="text" value="07"/> / <input type="text" value="01"/> / <input type="text" value="2011"/>
City	State	Zip Code
West Des Moines	IA	50265
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Delta Dental of Iowa	President & CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : SA11AI.4396
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1750.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 24 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Weldon Johnson
Full Name (Last, First, Middle Initial)
Mailing Address 13 Pine Trail
City Texarkana State AR Zip Code 71854
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Arkansas Occupation Chairman of the Board
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt 11 / 14 / 2011
Transaction ID : SA11AI.4251
Amount of Each Receipt this Period 400.00

B. James Johnston
Full Name (Last, First, Middle Initial)
Mailing Address 200 Pine Street
City Marion State AR Zip Code 72364
FEC ID number of contributing federal political committee. **C**
Name of Employer James Johnston, DDS Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 19 / 2011
Transaction ID : SA11AI.4336
Amount of Each Receipt this Period 300.00

C. Scott O. Jones
Full Name (Last, First, Middle Initial)
Mailing Address 1122 Lakewood Dr.
City Pierre State SD Zip Code 57501
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of South Dakota Occupation President & CEO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 01 / 2011
Transaction ID : SA11AI.4398
Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2700.00
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 25 OF 51
(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)
Delta Dental Plans Association PAC

A. Goran Jurkovic
Full Name (Last, First, Middle Initial)
Mailing Address 2210 Cawdor Court
City Lansing State MI Zip Code 48917
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Michigan Occupation S.V.P. & CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 30 / 2011
Transaction ID : SA11AI.4388
Amount of Each Receipt this Period 250.00

B. Timothy Kinzel
Full Name (Last, First, Middle Initial)
Mailing Address 4547 Hackberry Court
City Middleton State WI Zip Code 53562
FEC ID number of contributing federal political committee. **C**
Name of Employer Timothy Kinzel, DDS Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt 09 / 30 / 2011
Transaction ID : SA11AI.4682
Amount of Each Receipt this Period 650.00

C. William Kohn
Full Name (Last, First, Middle Initial)
Mailing Address 7515 Main St.
City Darien State IL Zip Code 60561
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental Plans Association Occupation V.P. Dental Science and Policy
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2011
Transaction ID : SA11AI.4263
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1900.00
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: (check only one)	PAGE 26 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial) A. Brenda Laird		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 24 / 2011
Mailing Address 1693 S Crystal Cove Dr		Transaction ID : SA11AI.4358
City Haslett	State MI	Zip Code 48840
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer Delta Dental of Michigan	Occupation S.V.P. & Chief Information Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Charles Lamont		Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 20 / 2011
Mailing Address 24 Hickory Road		Transaction ID : SA11AI.4340
City Fairfax	State CA	Zip Code 94930
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Delta Dental of California	Occupation E.V.P. Chief Legal Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C. William Leakey		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 30 / 2011
Mailing Address 74500 Lake Shore Dr.		Transaction ID : SA11AI.4656
City Washburn	State WI	Zip Code 54891
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 650.00
Name of Employer William Leakey, DDS	Occupation Dentist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

SUBTOTAL of Receipts This Page (optional).....▶	1900.00
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: (check only one)	PAGE 27 OF 51
	<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)
Delta Dental Plans Association PAC

A. George Levicki
 Full Name (Last, First, Middle Initial)
 Mailing Address 6830 Trelawney Tr.
 City Roanoke State VA Zip Code 24018
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Virginia Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : SA11AI.4241
 Amount of Each Receipt this Period
 500.00

B. Jeff Lutgen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1056 Republic Dr.
 City Mosinee State WI Zip Code 54455
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Wisconsin Occupation V.P. Information Technology
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4686
 Amount of Each Receipt this Period
 650.00

C. Vincent Lyles
 Full Name (Last, First, Middle Initial)
 Mailing Address 3138 N. 103rd St
 City Wauwatosa State WI Zip Code 53222
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Boys & Girls Club of Greater Milwaukee Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2011
Transaction ID : SA11AI.4356
 Amount of Each Receipt this Period
 650.00

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: (check only one)	PAGE 28 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Clifford Maesaka
Full Name (Last, First, Middle Initial)

Mailing Address 928 Woodland Heights Dr.

City Louisville State KY Zip Code 40245

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

Name of Employer Delta Dental of Kentucky Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.4484

Amount of Each Receipt this Period
 2000.00

B. Clifford Maesaka
Full Name (Last, First, Middle Initial)

Mailing Address 928 Woodland Heights Dr.

City Louisville State KY Zip Code 40245

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

Name of Employer Delta Dental of Kentucky Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011

Transaction ID : SA11AI.4621

Amount of Each Receipt this Period
 2000.00

C. W. Thomas Margetts
Full Name (Last, First, Middle Initial)

Mailing Address 159 Blackwall Ct

City Boca Grande State FL Zip Code 33921

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

Name of Employer Delta Dental of New Jersey Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period
 250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 4250.00

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: (check only one)	PAGE 29 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Pamela Martin
Full Name (Last, First, Middle Initial)
Mailing Address 28847 Berry Dr
City St. Louis State MO Zip Code 63351
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Missouri Occupation S.V.P. & COO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 08 / 23 / 2011
Transaction ID : SA11AI.4610
Amount of Each Receipt this Period 1500.00

B. Belinda Martinez
Full Name (Last, First, Middle Initial)
Mailing Address 16 Place Moulin
City Tiburon State CA Zip Code 94920
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of California Occupation S.V.P. Sales Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2011
Transaction ID : SA11AI.4629
Amount of Each Receipt this Period 500.00

C. C.J. Mcleod
Full Name (Last, First, Middle Initial)
Mailing Address 3140 SW Cascade Terrace
City Portland State OR Zip Code 97205
FEC ID number of contributing federal political committee. **C**
Name of Employer ODS Companies Occupation V.P. Marketing
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 05 / 2011
Transaction ID : SA11AI.4525
Amount of Each Receipt this Period 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2500.00
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: (check only one)	PAGE 30 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial) A. Tracie Murphy		Date of Receipt
Mailing Address 19141 River Rd NE		<input type="text" value="07"/> / <input type="text" value="29"/> / <input type="text" value="2011"/>
City	State	Zip Code
Saint Paul	OR	97137
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4523
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
ODS Companies	S.V.P	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Charles Nason		Date of Receipt
Mailing Address 133 Maple Bluff Rd. N.		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2011"/>
City	State	Zip Code
Stevens Point	WI	54482
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4658
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="650.00"/>
Name of Employer	Occupation	
Delta Dental of Wisconsin	Chairman	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="650.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Jamal Nasr		Date of Receipt
Mailing Address 721 Barton Way		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2011"/>
City	State	Zip Code
Benicia	CA	94510
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4338
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Delta Dental of California	V.P. Enrollment & Billing	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1400.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 31 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Terry O'toole
Full Name (Last, First, Middle Initial)

Mailing Address 114 Silver Oak Terrace

City Orinda State CA Zip Code 94563

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

Name of Employer Delta Dental of California Occupation Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2011

Transaction ID : SA11AI.4563

Amount of Each Receipt this Period
 300.00

B. Karen Ordinans
Full Name (Last, First, Middle Initial)

Mailing Address 10300 W Spring Green Rd

City Greenfield State WI Zip Code 53228

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4652

Amount of Each Receipt this Period
 650.00

C. Ronald Ownbey
Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 1799

City Russellville State AR Zip Code 72811

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

Name of Employer Dental Dental of Arkansas Occupation Chairman of the Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 26 / 2011

Transaction ID : SA11AI.4372

Amount of Each Receipt this Period
 300.00

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: (check only one)	PAGE 32 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Renuka Patel
Full Name (Last, First, Middle Initial)

Mailing Address 4114 Apline Rd

City Portola Vally	State CA	Zip Code 94028
-----------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	20	/	2011

Transaction ID : SA11AI.4644

Amount of Each Receipt this Period
2000.00

B. Kate Paul
Full Name (Last, First, Middle Initial)

Mailing Address 13867 E Chenango

City Aurora	State CO	Zip Code 80015
----------------	-------------	-------------------

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

Name of Employer Delta Dental of Colorado	Occupation President & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2011

Transaction ID : SA11AI.4604

Amount of Each Receipt this Period
2000.00

C. Michael Paul
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1826

City Portland	State OR	Zip Code 97207
------------------	-------------	-------------------

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

Name of Employer ODS Companies	Occupation V.P. Financial Services
-----------------------------------	---------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.4517

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	4250.00
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: (check only one)	PAGE 33 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Harold Perrin
Full Name (Last, First, Middle Initial)

Mailing Address 1002 Lake Shore Dr.

City Jonesboro State AR Zip Code 72401

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

Name of Employer Jonesboro, AR Occupation Mayor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2011

Transaction ID : SA11AI.4287

Amount of Each Receipt this Period
 380.00

B. Dennis Peterson
Full Name (Last, First, Middle Initial)

Mailing Address E1185 Pleasant Park Ln

City Waupaca State WI Zip Code 54981

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

Name of Employer Delta Dental of Wisconsin Occupation Executive V.P.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2011

Transaction ID : SA11AI.4664

Amount of Each Receipt this Period
 650.00

C. Gary Radine
Full Name (Last, First, Middle Initial)

Mailing Address 155 Rizal Dr.

City Hillsborough State CA Zip Code 94010

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

Name of Employer Delta Dental of Pennsylvania Occupation President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 15 / 2011

Transaction ID : SA11AI.4432

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2030.00
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 34 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)
A. Andrew Reid

Mailing Address 28 Bennet Rd

City State Zip Code
Redwood City CA 94062

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

Name of Employer Occupation
Occupation Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : SA11AI.4640

Amount of Each Receipt this Period
2000.00

Full Name (Last, First, Middle Initial)
B. Steve Retzsch

Mailing Address 6702 double Eagle Dr.

City State Zip Code
Woodridge IL 60517

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

Name of Employer Occupation
Delta Dental of Illinois V.P. National Accounts

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 29 / 2011
Transaction ID : SA11AI.4498

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Paul Rezich

Mailing Address 503 E. North St.

City State Zip Code
Rapid City SD 57701

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

Name of Employer Occupation
Paul M. Rezich, DDS, PC Dentist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 14 / 2011
Transaction ID : SA11AI.4243

Amount of Each Receipt this Period
300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2550.00

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: (check only one)	PAGE 35 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Gary Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 3200 Jay Ct
 City Stevens Point State WI Zip Code 54481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Wisconsin Occupation Sales Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **650.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2011
Transaction ID : SA11AI.4662
 Amount of Each Receipt this Period
650.00

B. Phyllis Rogers
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 Red River Dr.
 City Sherwood State AR Zip Code 72120
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Arkansas Occupation S.V.P. & CFO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 24 / 2011
Transaction ID : SA11AI.4285
 Amount of Each Receipt this Period
500.00

C. Anlee Rola
 Full Name (Last, First, Middle Initial)
 Mailing Address 208 West 37th Street
 City Sioux Falls State SD Zip Code 57105
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Anlee Rola, DDS Occupation Dentist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2011
Transaction ID : SA11AI.4325
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....	1650.00
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: (check only one)	PAGE 36 OF 51
<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)
Delta Dental Plans Association PAC

A. Donald Safer
Full Name (Last, First, Middle Initial)
Mailing Address 5237 S Kenton Way
City Englewood State CO Zip Code 80111
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of Colorado Occupation Board Member
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 20 / 2011
Transaction ID : SA11AI.4631
Amount of Each Receipt this Period
250.00

B. Debra Salman
Full Name (Last, First, Middle Initial)
Mailing Address 53 Amagansett Drive
City Morganville State NJ Zip Code 07751
FEC ID number of contributing federal political committee. **C**
Name of Employer Debra Salman, DDS Occupation Dentist
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
08 / 23 / 2011
Transaction ID : SA11AI.4618
Amount of Each Receipt this Period
250.00

C. Douglas Sanborn
Full Name (Last, First, Middle Initial)
Mailing Address 1 Peachtree Road
City Basking Ridge State NJ Zip Code 07920
FEC ID number of contributing federal political committee. **C**
Name of Employer Delta Dental of New Jersey Occupation S.V.P. & General Counsel
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 29 / 2011
Transaction ID : SA11AI.4496
Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
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: (check only one)	PAGE 37 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Gary Schweikhardt
Full Name (Last, First, Middle Initial)

Mailing Address 4227 NE 94th

City Seattle State WA Zip Code 98115

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

Name of Employer Washington Dental Service Occupation Chairman of the Board

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
10 / 26 / 2011
Transaction ID : SA11AI.4374

Amount of Each Receipt this Period
250.00

B. Richard G. Schweikhardt
Full Name (Last, First, Middle Initial)

Mailing Address 4227 NE 94th St

City Seattle State WA Zip Code 98115

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

Name of Employer Washington Dental Service Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
07 / 15 / 2011
Transaction ID : SA11AI.4444

Amount of Each Receipt this Period
250.00

C. Bruce Silverman
Full Name (Last, First, Middle Initial)

Mailing Address 4 David Dr

City Randolph State NJ Zip Code 07869

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

Name of Employer Delta Dental of New Jersey Occupation S.V.P. Operations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
10 / 01 / 2011
Transaction ID : SA11AI.4317

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 1000.00

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: (check only one)	PAGE 38 OF 51
<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)
Delta Dental Plans Association PAC

A. Susan Smith
Full Name (Last, First, Middle Initial)

Mailing Address 2420 North Taylor

City Little Rock State AR Zip Code 72207

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

Name of Employer Delta Dental of Arkansas Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 26 / 2011
Transaction ID : SA11AI.4386

Amount of Each Receipt this Period
 400.00

B. Byron Southern
Full Name (Last, First, Middle Initial)

Mailing Address 485 Valley Club CR

City Little Rock State AR Zip Code 72212

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

Name of Employer Delta Dental of Arkansas Occupation Board Member

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : SA11AI.4253

Amount of Each Receipt this Period
 300.00

C. Patrick Steele
Full Name (Last, First, Middle Initial)

Mailing Address 855 Folsom St.
#725

City San Francisco State CA Zip Code 94107

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

Name of Employer Delta Dental of California Occupation E.V.P. & CIO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.4565

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	1200.00
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: (check only one)	PAGE 39 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)
A. Charles Stich

Mailing Address 2156 W Waveland Ave

City Chicago State IL Zip Code 60618

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

Name of Employer Delta Dental Plans Association Occupation V.P. Finance & Compliance

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 26 / 2011**

Transaction ID : SA11AI.4384

Amount of Each Receipt this Period **500.00**

Full Name (Last, First, Middle Initial)
B. Karen Thompson

Mailing Address E 350 S Rolofson Lake Rd

City Scandinavia State WI Zip Code 54977

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

Name of Employer Delta Dental of Wisconsin Occupation V.P. Business Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **650.00**

Date of Receipt **09 / 30 / 2011**

Transaction ID : SA11AI.4666

Amount of Each Receipt this Period **650.00**

Full Name (Last, First, Middle Initial)
C. Walter Vanbrunt

Mailing Address 13 Crystal Rock Rd

City Sparta State NJ Zip Code 07871

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

Name of Employer Delta Dental of New Jersey Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 17 / 2011**

Transaction ID : SA11AI.4267

Amount of Each Receipt this Period **1000.00**

SUBTOTAL of Receipts This Page (optional)..... **2150.00**

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: (check only one)	PAGE 40 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Kim Volk
Full Name (Last, First, Middle Initial)

Mailing Address 1005 Sir Barton Court

City Naperville State IL Zip Code 60540

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

Name of Employer Delta Dental Plans Association Occupation President & CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
10 / 17 / 2011
Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
2000.00

B. Steven Voss
Full Name (Last, First, Middle Initial)

Mailing Address 26 Marin View Ave.

City Mill Valley State CA Zip Code 94941

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

Name of Employer Delta Dental of California Occupation Board Member

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 22 / 2011
Transaction ID : SA11AI.4587

Amount of Each Receipt this Period
500.00

C. Chandra Wahrgren
Full Name (Last, First, Middle Initial)

Mailing Address 10452 SW Bonanza Way

City Tigard State OR Zip Code 97224

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

Name of Employer ODS Companies Occupation Director, Pharmacy Programs

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
08 / 05 / 2011
Transaction ID : SA11AI.4539

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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: (check only one)	PAGE 41 OF 51
<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)
Delta Dental Plans Association PAC

A. Katherine Watts
 Full Name (Last, First, Middle Initial)
 Mailing Address 116 Pomona Ave.
 City El Cerrito State CA Zip Code 94530
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of California Occupation V.P. Legal & Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 22 / 2011
Transaction ID : SA11AI.4577
 Amount of Each Receipt this Period
 500.00

B. Philip Wenk
 Full Name (Last, First, Middle Initial)
 Mailing Address 240 Venture Cir
 City Nashville State TN Zip Code 37228
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Tennessee Occupation President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 18 / 2011
Transaction ID : SA11AI.4257
 Amount of Each Receipt this Period
 1000.00

C. Ben Yomtoob
 Full Name (Last, First, Middle Initial)
 Mailing Address 24140 N Elm Rd.
 City Lake Forest State IL Zip Code 60045
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental Plans Association Occupation S.V.P. Operations
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 20 / 2011
Transaction ID : SA11AI.4623
 Amount of Each Receipt this Period
 1250.00

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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: (check only one)	PAGE 42 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Stacy Zastoupil
Full Name (Last, First, Middle Initial)

Mailing Address 2950 Thomas Rd

City Cheyenne	State WY	Zip Code 82009
------------------	-------------	-------------------

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

Name of Employer Delta Dental of Wyoming	Occupation V.P. Finance & Administration
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	29	/	2011

Transaction ID : SA11AI.4500

Amount of Each Receipt this Period
300.00

B. Thomas Zimmerman
Full Name (Last, First, Middle Initial)

Mailing Address 9349 Belvoir Ave.

City La Crescenta	State CA	Zip Code 91214
----------------------	-------------	-------------------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	22	/	2011

Transaction ID : SA11AI.4585

Amount of Each Receipt this Period
1000.00

C. Edward Zobeck
Full Name (Last, First, Middle Initial)

Mailing Address 5558 Silverleaf Ct.

City Haslett	State MI	Zip Code 48840
-----------------	-------------	-------------------

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

Name of Employer Delta Dental of Michigan	Occupation Chief Administrative Officer
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2011

Transaction ID : SA11AI.4350

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	1550.00
TOTAL This Period (last page this line number only).....▶	73270.00

**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 43 OF 51
<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 type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Full Name (Last, First, Middle Initial)
Delta Dental Plans Association

Mailing Address 1515 W 22nd Street
Suite 450

City Oak Brook State IL Zip Code 60523

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
13886.40

Date of Receipt
11 / 23 / 2011
Transaction ID : SA17.4237

Amount of Each Receipt this Period
13886.40

Misdeposit- See Memo Text

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

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

C. Full Name (Last, First, Middle Initial)

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).....▶	13886.40
TOTAL This Period (last page this line number only).....▶	13886.40

**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)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. ALAMO PAC

Mailing Address 919 CONGRESS AVE SUITE 1400

City AUSTIN State TX Zip Code 78701

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
12 / 08 / 2011

Transaction ID : SB23.4226

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

B. BEN CARDIN FOR SENATE

Mailing Address P.O. BOX 21093

City CATONSVILLE State MD Zip Code 21228

Purpose of Disbursement

Candidate Name
BENJAMIN L CARDIN

Office Sought: House Senate President
State: MD District: 03

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
09 / 07 / 2011

Transaction ID : SB23.4200

Amount of Each Disbursement this Period
1000.00

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR HARKIN

Mailing Address P O BOX 811

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

Candidate Name
THOMAS RICHARD HARKIN

Office Sought: House Senate President
State: IA District: 00

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement
MM / DD / YYYY
10 / 18 / 2011

Transaction ID : SB23.4219

Amount of Each Disbursement this Period
2000.00

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

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

4000.00

**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"/> 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)

Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MARK WARNER

Mailing Address 201 NORTH UNION STREET SUITE 300

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

Candidate Name

MARK ROBERT WARNER

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: VA District: 00

Date of Disbursement

MM / DD / YYYY
12 / 08 / 2011

Transaction ID : SB23.4228

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. GUTHRIE FOR CONGRESS

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement

Candidate Name

S. BRETT HON. GUTHRIE

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: KY District: 02

Date of Disbursement

MM / DD / YYYY
07 / 12 / 2011

Transaction ID : SB23.4201

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. HANSEN CLARKE FOR CONGRESS

Mailing Address 1448 WOODWARD AVENUE #305

City DETROIT State MI Zip Code 48226

Purpose of Disbursement

Candidate Name

HANSEN CLARKE

Office Sought: House Senate President

Disbursement For: 2012 Primary General Other (specify) ▼

State: MI District: 13

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2011

Transaction ID : SB23.4213

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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"/> 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)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code
SALT LAKE CITY UT 84101

Purpose of Disbursement

Candidate Name
ORRIN G HATCH

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: UT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		08		2011

Transaction ID : SB23.4231

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. JIM GERLACH FOR CONGRESS COMMITTEE

Mailing Address PO BOX 87

City State Zip Code
UWCHLAND PA 19480

Purpose of Disbursement

Candidate Name
JIM GERLACH

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2011

Transaction ID : SB23.4212

Amount of Each Disbursement this Period

1,000.00

Full Name (Last, First, Middle Initial)

C. LEVIN FOR CONGRESS

Mailing Address PO BOX 37

City State Zip Code
ROSEVILLE MI 48066

Purpose of Disbursement

Candidate Name
SANDER M MR LEVIN

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: MI District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		12		2011

Transaction ID : SB23.4202

Amount of Each Disbursement this Period

2,000.00

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

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

4,000.00

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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"/> 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)
Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. RELY ON YOUR BELIEFS FUND

Mailing Address 209 PENNSYLVANIA AVENUE, SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 08 / 2011

Transaction ID : SB23.4235

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. ROGERS FOR CONGRESS

Mailing Address PO BOX 581

City BRIGHTON State MI Zip Code 48116

Purpose of Disbursement

Candidate Name

MICHAEL J ROGERS

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

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 12 / 2011

Transaction ID : SB23.4205

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. RYAN FOR CONGRESS

Mailing Address PO BOX 1488

City JANESVILLE State WI Zip Code 53547

Purpose of Disbursement

Candidate Name

PAUL D. RYAN

Office Sought: House Senate President
State: WI District: 01

Disbursement For: 2012 Primary General Other (specify) ▼

Category/Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2011

Transaction ID : SB23.4222

Amount of Each Disbursement this Period

2000.00

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

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

6500.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" 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)

Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. Dakota Dental

Mailing Address 206 West 37th Street

City State Zip Code
Sioux Falls SD 57105

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2011

Transaction ID : SB28A.4697

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Delta Dental Wisconsin

Mailing Address P.O. Box 86

City State Zip Code
Stevens Point WI 54481

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		04		2011

Transaction ID : SB28A.4700

Amount of Each Disbursement this Period

650.00

Full Name (Last, First, Middle Initial)

C. James Dwyer

Mailing Address 9706 4th Ave NE

City State Zip Code
Seattle WA 98115

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
11		14		2011

Transaction ID : SB28A.4705

Amount of Each Disbursement this Period

1000.00

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

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

2150.00

2150.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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)

Delta Dental Plans Association PAC

Full Name (Last, First, Middle Initial)

A. Delta Dental Plans Association

Mailing Address 1515 W 22nd Street
Suite 450

City State Zip Code
Oak Brook IL 60523

Purpose of Disbursement
Misdeposit- See Memo Text

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			28			2011			

Transaction ID : SB29.4706

Amount of Each Disbursement this Period

13886.40

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

13886.40

13886.40
