FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

Delta Dental Plans Association PAC

ADDRESS (number and street) ▼ 1515 W. 22ND STREET, SUITE 450

☐ Check if different than previously reported. (ACC)

OAK BROOK | IL | 60523 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00213819

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 M M / D D / Y Y Y Y in the State of

(d) 30-Day **POST**-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 09 / 01 / 2012 through 09 / 30 / 2012

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 10 / 19 / 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.

Office Use Only							

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: 09 / 01 / 2012 To: 09 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		136328.44
(b) Cash on Hand at Beginning of Reporting Period	148907.36	
(c) Total Receipts (from Line 19)	29940.83	64519.75
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	178848.19	200848.19
7. Total Disbursements (from Line 31)	24000.00	46000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	154848.19	154848.19
9. Debts and Obligations Owed **TO** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed **BY** the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

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: M M 09 / D D 01 / Y Y Y Y 2012 To: M M 09 / D D 30 / Y Y Y Y 2012

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)	27095.00	56945.00
(ii) Unitemized	2845.00	7570.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	29940.00	64515.00
(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) ▶	29940.00	64515.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.83	4.75
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)) ▶	29940.83	64519.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	29940.83	64519.75

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

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	24000.00	46000.00
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	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ▶	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) 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))	24000.00	46000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	24000.00	46000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC **Form 3X** (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	29940.00	64515.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	29940.00	64515.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	0.00	0.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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. Full Name (Last, First, Middle Initial): 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: 09 / 18 / 2012
Transaction ID : SA11AI.4912
Amount of Each Receipt this Period: 650.00

B. Full Name (Last, First, Middle Initial): Anthony Barth
Mailing Address: 560 Silverad Drive
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: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 250.00
Date of Receipt: 09 / 27 / 2012
Transaction ID : SA11AI.4962
Amount of Each Receipt this Period: 250.00

C. Full Name (Last, First, Middle Initial): Lu Battaglieri
Mailing Address: 15403 Club Course Dr
City: Bath State: MI Zip Code: 48808
FEC ID number of contributing federal political committee: C
Name of Employer: Delta Dental of Michigan
Occupation: SVP & Chief Relationship Officer
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 07 / 2012
Transaction ID : SA11AI.4891
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

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

A. Full Name (Last, First, Middle Initial)
Rebecca Bretting

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: Homemaker
Occupation: Homemaker

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4908

Amount of Each Receipt this Period: 650.00

B. Full Name (Last, First, Middle Initial)
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: 09 / 18 / 2012
Transaction ID : SA11AI.4906

Amount of Each Receipt this Period: 2000.00

C. Full Name (Last, First, Middle Initial)
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: UC San Francisco
Occupation: Nursing Professor

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt: 09 / 03 / 2012
Transaction ID : SA11AI.4948

Amount of Each Receipt this Period: 1000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3650.00

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

A. Full Name (Last, First, Middle Initial)
Laura Czelada

Mailing Address 6103 E. Longview Dr

City: East Lansing
State: MI
Zip Code: 48823

FEC ID number of contributing federal political committee. C

Name of Employer: Delta Dental of Michigan
Occupation: President & CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4935

Amount of Each Receipt this Period: 2500.00

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

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: 09 / 18 / 2012
Transaction ID : SA11AI.4913

Amount of Each Receipt this Period: 650.00

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

Mailing Address 6901 N Beech Tree Dr

City: Glendale
State: WI
Zip Code: 53209

FEC ID number of contributing federal political committee. C

Name of Employer: Potowatomi Business Dev.
Occupation: CEO

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4910

Amount of Each Receipt this Period: 650.00

SUBTOTAL of Receipts This Page (optional) ▶ 3800.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Kent Farnsworth

Mailing Address 7076 Valley Greens Circle

City: Carmel
State: CA
Zip Code: 93923

FEC ID number of contributing federal political committee. C

Name of Employer: Self
Occupation: Dentist

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.4936

Amount of Each Receipt this Period: 250.00

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

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: 09 / 18 / 2012
Transaction ID : SA11AI.4915

Amount of Each Receipt this Period: 650.00

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

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

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt: 09 / 07 / 2012
Transaction ID : SA11AI.4893

Amount of Each Receipt this Period: 1300.00

SUBTOTAL of Receipts This Page (optional) ▶ 2200.00

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

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

A. Full Name (Last, First, Middle Initial): Kerry Hall
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 ▼ 945.00
Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4927
Amount of Each Receipt this Period: 945.00

B. Full Name (Last, First, Middle Initial): Monica Hebl
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 / 18 / 2012
Transaction ID : SA11AI.4909
Amount of Each Receipt this Period: 650.00

C. Full Name (Last, First, Middle Initial): Amy Hughes
Mailing Address: 4025 N. Grant Ave.
City: Westmont State: IL Zip Code: 60559
FEC ID number of contributing federal political committee: C
Name of Employer: Delta Dental Plans Association
Occupation: Compliance Coordinator
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼ 250.00
Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.4939
Amount of Each Receipt this Period: 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 1845.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial): Timothy Kinzel
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 / 28 / 2012
Transaction ID : SA11AI.4947
Amount of Each Receipt this Period: 650.00

B. Full Name (Last, First, Middle Initial): William Kohn
Mailing Address: 7512 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 ▼: 500.00
Date of Receipt: 09 / 21 / 2012
Transaction ID : SA11AI.4953
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Jeff Lutgen
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: 09 / 18 / 2012
Transaction ID : SA11AI.4919
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

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

A. Full Name (Last, First, Middle Initial): Bethany Lyles
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: Homemaker
Occupation: Homemaker
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 650.00
Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4921
Amount of Each Receipt this Period: 650.00

B. Full Name (Last, First, Middle Initial): Charles Nason
Mailing Address: 133 Maple Bluff Rd. N.
City: Stevens Point State: WI Zip Code: 54482
FEC ID number of contributing federal political committee: C
Name of Employer: Retired
Occupation: Retired
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 650.00
Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4907
Amount of Each Receipt this Period: 650.00

C. Full Name (Last, First, Middle Initial): Karen Ordinans
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: Children's Health Alliance
Occupation: Executive Director
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 650.00
Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4966
Amount of Each Receipt this Period: 650.00

SUBTOTAL of Receipts This Page (optional) ▶ 1950.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

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

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: 09 / 18 / 2012
Transaction ID : SA11AI.4905

Amount of Each Receipt this Period: 650.00

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

Mailing Address 1901 Eagle Valley Ln

City: Wausau
State: WI
Zip Code: 54403

FEC ID number of contributing federal political committee. C

Name of Employer: Homemaker
Occupation: Homemaker

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4917

Amount of Each Receipt this Period: 650.00

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

Mailing Address 28 Bennett Rd

City: Redwood City
State: CA
Zip Code: 94062

FEC ID number of contributing federal political committee. C

Name of Employer: Risk Strategies Co.
Occupation: Management/Sales

Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt: 09 / 18 / 2012
Transaction ID : SA11AI.4931

Amount of Each Receipt this Period: 2000.00

SUBTOTAL of Receipts This Page (optional) ▶ 3300.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

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

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: 09 / 28 / 2012
Transaction ID : SA11AI.4941

Amount of Each Receipt this Period: 500.00

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

Mailing Address E 350 S Rollofson 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 / 18 / 2012
Transaction ID : SA11AI.4916

Amount of Each Receipt this Period: 650.00

C. Full Name (Last, First, Middle Initial)
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: 09 / 07 / 2012
Transaction ID : SA11AI.4884

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Kim Volk
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 ▼: 1000.00
Date of Receipt: 09 / 07 / 2012
Transaction ID : SA11AI.4886
Amount of Each Receipt this Period: 1000.00

B. Full Name (Last, First, Middle Initial): Steven Voss
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: Retired
Occupation: Retired
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 09 / 07 / 2012
Transaction ID : SA11AI.4904
Amount of Each Receipt this Period: 500.00

C. Full Name (Last, First, Middle Initial): Chandra Wahrgren
Mailing Address: 18035 Skyland Circle
City: Lake Oswego State: OR Zip Code: 97034
FEC ID number of contributing federal political committee: C
Name of Employer: ODS Companies
Occupation: VP, Client Strategies
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 500.00
Date of Receipt: 09 / 26 / 2012
Transaction ID : SA11AI.4961
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 2000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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

A. Full Name (Last, First, Middle Initial): Ben Yomtoob
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 ▼: 1200.00
Date of Receipt: 09 / 28 / 2012
Transaction ID : SA11AI.4938
Amount of Each Receipt this Period: 1200.00

B. Full Name (Last, First, Middle Initial): Stacy Zastoupil
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: 09 / 18 / 2012
Transaction ID : SA11AI.4926
Amount of Each Receipt this Period: 300.00

C. Full Name (Last, First, Middle Initial): Thomas Zimmerman
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: Delta Dental of California
Occupation: Board Member
Receipt For: [ ] Primary [ ] General [ ] Other (specify) ▼
Aggregate Year-to-Date ▼: 1000.00
Date of Receipt: 09 / 21 / 2012
Transaction ID : SA11AI.4952
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) ▶ 27095.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): AMERICA WORKS PAC
Mailing Address: PO BOX 76187
City: WASHINGTON State: DC Zip Code: 20013
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: 09 / 17 / 2012
Transaction ID : SB23.4978
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): BOB CASEY FOR SENATE INC
Mailing Address: 30 SOUTH 15TH STREET SUITE 400
City: PHILADELPHIA State: PA Zip Code: 19102
Purpose of Disbursement:
Candidate Name: ROBERT P JR CASEY
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: PA District: 00
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4971
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): GILLIBRAND FOR SENATE
Mailing Address: 236 MASSACHUSETTS AVE NE SUITE 110
City: WASHINGTON State: DC Zip Code: 20002
Purpose of Disbursement:
Candidate Name: KIRSTEN ELIZABETH GILLIBRAND
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2012
Transaction ID : SB23.4980
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): GINGREY FOR CONGRESS, INC.
Mailing Address: PO BOX U
City: MARIETTA State: GA Zip Code: 30060
Purpose of Disbursement:
Candidate Name: J. PHILLIP GINGREY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 11
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4975
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): 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
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 02
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2012
Transaction ID : SB23.4969
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): LEVIN FOR CONGRESS
Mailing Address: PO BOX 37
City: ROSEVILLE State: MI Zip Code: 48066
Purpose of Disbursement:
Candidate Name: SANDER M MR LEVIN
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 12
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4977
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
Delta Dental Plans Association PAC

A. Full Name (Last, First, Middle Initial): MARSHA BLACKBURN FOR CONGRESS, INC.
Mailing Address: PO BOX 3750
City: BRENTWOOD State: TN Zip Code: 37024
Purpose of Disbursement:
Candidate Name: MARSHA MRS. BLACKBURN
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 07
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4973
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): MATSUI FOR CONGRESS
Mailing Address: PO BOX 1738
City: SACRAMENTO State: CA Zip Code: 95812
Purpose of Disbursement:
Candidate Name: DORIS MATSUI
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 05
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2012
Transaction ID : SB23.4970
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): MCCONNELL SENATE COMMITTEE '14
Mailing Address: PO BOX 1496
City: LOUISVILLE State: KY Zip Code: 40201
Purpose of Disbursement:
Candidate Name: MITCH MCCONNELL
Category/Type:
Office Sought: ☐ House ☒ Senate ☐ President
State: KY District: 00
Disbursement For: 2014 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 28 / 2012
Transaction ID : SB23.4982
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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

A. Full Name (Last, First, Middle Initial): ROGERS FOR CONGRESS
Mailing Address: PO BOX 581
City: BRIGHTON State: MI Zip Code: 48116
Purpose of Disbursement:
Candidate Name: MICHAEL J ROGERS
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4988
Amount of Each Disbursement this Period: 2000.00

B. Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS
Mailing Address: PO BOX 24551
City: PTTSBURGH State: PA Zip Code: 15234
Purpose of Disbursement:
Candidate Name: TIM MURPHY
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 07 / 2012
Transaction ID : SB23.4986
Amount of Each Disbursement this Period: 2000.00

C. Full Name (Last, First, Middle Initial): WHITFIELD FOR CONGRESS COMMITTEE
Mailing Address: P.O. BOX 391
City: HOPKINSVILLE State: KY Zip Code: 42241
Purpose of Disbursement:
Candidate Name: WAYNE EDWARD WHITFIELD
Category/Type:
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 01
Disbursement For: 2012 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 09 / 11 / 2012
Transaction ID : SB23.4984
Amount of Each Disbursement this Period: 2000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 6000.00

TOTAL This Period (last page this line number only) ▶ 24000.00