

**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 41
	<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)
Indiana Dental PAC

A. James M Lipton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9000 Cline Ave
 City Highland State IN Zip Code 46322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation DDS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1000.00**

Date of Receipt **07 / 03 / 2015**
Transaction ID : SA11AI.9226
 Amount of Each Receipt this Period **1000.00**
 Contribution

B. James M Lipton
 Full Name (Last, First, Middle Initial)
 Mailing Address 9000 Cline Ave
 City Highland State IN Zip Code 46322
 FEC ID number of contributing federal political committee. **C**
 Name of Employer self Occupation DDS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1600.00**

Date of Receipt **07 / 16 / 2015**
Transaction ID : SA11AI.9278
 Amount of Each Receipt this Period **600.00**
 Contribution

C. Mark J Mihalo
 Full Name (Last, First, Middle Initial)
 Mailing Address 1339 W State Road 2
 City La Porte State IN Zip Code 46350-4665
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self Occupation DDS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **700.00**

Date of Receipt **07 / 03 / 2015**
Transaction ID : SA11AI.9184
 Amount of Each Receipt this Period **100.00**
 Contribution

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	