REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

RECEIPT
FEDERAL ELECTION
COMMISSION

OCT 18 3 23 PM '98

1. NAME OF COMMITTEE (in full)
Delta Dental Plans Association - DeltaPAC

ADDRESS (number and street) ☐ Check if different than previously reported
1515 W. 22nd Street Suite 1200

2. FEC IDENTIFICATION NUMBER
C00213819

CITY, STATE and ZIP CODE
Oak Brook, IL 60523

3. [X] This committee has qualified as a multicandidate committee. (See FEC FORM 1M)

4. TYPE OF REPORT

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

Monthly Report Due On:

☐ February 20	☐ June 20	☐ October 20
☐ March 20	☐ July 20	☐ November 20
☐ April 20	☐ August 20	☐ December 20
☐ May 20	☐ September 20	☐ January 31

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

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

(b) Is this Report an Amendment ? ☐ YES [X] NO

SUMMARY

5. Covering Period 07/01/98 through 09/30/98

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 1998		$ 64,190.63
(b) Cash on Hand at Beginning of Reporting Period	$ 70,986.68	
(c) Total Receipts (from line 19)	$ 3,045.07	$ 37,861.12
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 74,031.75	$ 102,051.75
7. Total Disbursements (from Line 30)	$ 5,700.00	$ 33,720.00
8. Cash on Hand at Close of Reporting Period (Subtract Line 7 from Line 6(d))	$ 68,331.75	$ 68,331.75
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	

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

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name Of Treasurer
Stephen E. White

Signature of Treasurer: Stephen E. White

Date: 10/14/98

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

FEC FORM 3X

(Revised 9/93)

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

Revised (1/1/91)

NAME OF COMMITTEE Delta Dental Plans Association - DeltaPAC

REPORT COVERING PERIOD
FROM: 07/01/98 TO: 09/30/98

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (Use Schedule A)	1,905.00	23,625.00
ii. Unitemized	825.00	13,375.00
iii. Total (add i and ii) >	2,730.00	37,000.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contributions (add aiii,b and c) >	2,730.00	37,000.00
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.)	84.00	84.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	231.07	777.12
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d,12,13,14,15,16,17,and 18) >	3,045.07	37,861.12
20. Total Federal Receipts (subtract line 18 from line 19) >	3,045.07	37,861.12
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	0.00	1,020.00
c. Total Operating Expenditures (Add ai,aii, and b) >	0.00	1,020.00
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	5,700.00	32,700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C.441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (Such As PACs)	0.00	0.00
d. Total Contribution Refunds (Add a,b, and c) >	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (Add 21c,22,23,24,25,26,27,28d, and 29) >	5,700.00	33,720.00
31. Total Federal Disbursements (Subtract line 21 ai from line 30) >	5,700.00	33,720.00
III. Net Contributions/Operating Expenditures		
32. Total Contributions (Other than loans)(from line 11d)	2,730.00	37,000.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (Other than loans)(subtract line 33 from 32)	2,730.00	37,000.00
35. Total Federal Operating Expenditures (add 21 ai and 21 b) >	0.00	1,020.00
36. Offsets to Operating Expenditures (from line 15)	84.00	84.00
37. Net Operating Expenditures (subtract line 36 from 35) >	-84.00	936.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 11 a i

SCHEDULE A ITEMIZED RECEIPTS

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 - DeltaPAC

A. Full Name, Mailing Address and Zip Code William B. McQuiggan 933 Spring Garden St. Elizabethtown, PA 17022	Name of Employer Delta Dental of Pennsylvania Occupation Vice President, Finance	Date (Month day,Year) 07/07/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
B. Full Name, Mailing Address and Zip Code Renee A. Fisher 94 Haldeman Avenue New Cumberland, PA 17070	Name of Employer Delta Dental of Pennsylvania Occupation V.P. Claims Administration	Date (Month day,Year) 07/07/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
C. Full Name, Mailing Address and Zip Code Thelton O. Skipper 205 Longs Peak Dr. Cheyenne, WY 82009	Name of Employer Delta Dental Plan of Wyoming Occupation President & CEO	Date (Month day,Year) 07/07/98	Amount of Each Receipt this Period 600.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 600.00		
D. Full Name, Mailing Address and Zip Code Clifford Maesaka, Jr. 928 Woodland Heights Dr. Louisville, KY 40245	Name of Employer Delta Dental Plan of Kentucky Occupation President & CEO	Date (Month day,Year) 07/07/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
E. Full Name, Mailing Address and Zip Code Thelton O. Skipper 205 Longs Peak Dr. Cheyenne, WY 82009	Name of Employer Delta Dental Plan of Wyoming Occupation President & CEO	Date (Month day,Year) 08/11/98	Amount of Each Receipt this Period 105.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 705.00		
F. Full Name, Mailing Address and Zip Code Philip Engle 338 Stouer Road Mechanicsburg, PA 17055	Name of Employer Delta Dental of Pennsylvania Occupation Director, Information Systems	Date (Month day,Year) 08/11/98	Amount of Each Receipt this Period 300.00
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 300.00		
G. Full Name, Mailing Address and Zip Code	Name of Employer Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) ..... >	1,905.00
TOTAL this Period (Last page this line number only) ..... >	1,905.00

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 17

SCHEDULE A ITEMIZED RECEIPTS

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NAME OF COMMITTEE (in full)
Delta Dental Plans Association - DeltaPAC

Full Name, Mailing Address and Zip Code	Name of Employer / Occupation	Date (Month day,Year)	Amount of Each Receipt this Period
A. Delaware Place Bank, 190 E. Delaware Place, Chicago, IL 60611		07/31/98	77.67
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 623.72		
B. Delaware Place Bank, 190 E. Delaware Place, Chicago, IL 60611		08/31/98	77.86
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 701.58		
C. Delaware Place Bank, 190 E. Delaware Place, Chicago, IL 60611		09/30/98	75.54
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $ 777.12		
D.			
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
E.			
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
F.			
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		
G.			
Receipt For: ☐ Primary ☐ General ☐ Other (Specify)	Aggregate Year-to-date > $		

SUB TOTAL of Receipts This Page (Optional) >	231.07
TOTAL this Period (Last page this line number only) >	231.07

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE 1 OF 1
	FOR LINE NUMBER 23

SCHEDULE B — ITEMIZED DISBURSEMENTS

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 - DeltaPAC

A. Full Name, Mailing Address and Zip Code NETHERCUTT FOR CONGRESS 3001 Park Center Drive Suite 1105 Alexandria, VA 22302	Purpose of Disbursement George R. Nethercutt, U.S. HOUSE 5th WA Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 07/01/98	Amount of Each Disb. this Period 1,000.00
B. Full Name, Mailing Address and Zip Code DANIEL K. INOUYE IN '98 1429 G Street N.W. Suite 243 Washington, DC 20005	Purpose of Disbursement Daniel K. Inouye, U.S. SENATE HI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 07/15/98	Amount of Each Disb. this Period 1,000.00
C. Full Name, Mailing Address and Zip Code COOPER FOR CONGRESS P.O. Box 137 Smart Station, TN 37378	Purpose of Disbursement Jim Cooper, U.S. HOUSE 4th TN Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 07/29/98	Amount of Each Disb. this Period 1,000.00
D. Full Name, Mailing Address and Zip Code DAVE CAMP FOR CONGRESS P.O. Box 423 Midland, MI 48640	Purpose of Disbursement Dave Camp, U.S. HOUSE 4th MI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 07/29/98	Amount of Each Disb. this Period 700.00
E. Full Name, Mailing Address and Zip Code CITIZENS FOR DAVID OBEY P.O. Box 75214 Washington, DC 20013-5214	Purpose of Disbursement David R. Obey, U.S. HOUSE 7th WI Disbursement For: [X] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 08/25/98	Amount of Each Disb. this Period 1,000.00
F. Full Name, Mailing Address and Zip Code REPUBLICAN MAJORITY FUND P.O. Box 19897 Alexandria, VA 22320-0897	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify) 1998	Date (Month day,Year) 09/21/98	Amount of Each Disb. this Period 1,000.00
G. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
H. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period
I. Full Name, Mailing Address and Zip Code	Purpose of Disbursement Disbursement For: [ ] Primary [ ] General [ ] Other (Specify)	Date (Month day,Year)	Amount of Each Disb. this Period

SUB TOTAL of Disbursements this page (Optional) ---------->	5,700.00
TOTAL this Period (Last page this line number only) ---------->	5,700.00

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

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

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 10-14-98
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House office of Records and Registration	Date of Receipt
☐	Received from the Senate Office of Public Records	Date of Receipt
☐	Other (Specify):	Postmarked _____ and/or Date of Receipt
☐	Electronic Filing	

PREPARER

10-28-98
DATE PREPARED

(4/98)