REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM
FEB 7 9 12 AM '98

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Indiana Dental Political Action Committee

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

CITY, STATE and ZIP CODE
Hartford City, IN 47348

2. FEC IDENTIFICATION NUMBER
C00082636

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

4. TYPE OF REPORT

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

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

☐ 12-Day Pre-Election Report for the _____ (Type of Election) election on _____ in the State of _____

☒ 30-Day Post-Election Report following the General Election on 11/5/96 in the State of Indiana.

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

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 10/17/96 through 11/25/96		
6. (a) Cash on Hand January 1, 1996		$ 42475.10
(b) Cash on Hand at Beginning of Reporting Period	$ 46970.06	
(c) Total Receipts (from Line 19)	$ 617.51	$ 21162.47
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 47587.57	$ 63637.57
7. Total Disbursements (from Line 30)	$ 14274.00	$ 30324.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 33313.57	$ 33313.57
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 1430.00	

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

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

Type or Print Name of Treasurer
Raymond M. Maddox, DDS

Signature of Treasurer
Raymond M. Maddox

Date
1/30/98

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)

FE7AN047

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

(revised 1/1/91)

NAME OF COMMITTEE: Indiana Dental Political Action Committee

REPORT COVERING PERIOD FROM: 10/17/96 TO: 11/25/96

	COLUMN A Total This Period	COLUMN B Calendar Year	
I. Receipts			
11. Contributions (other than loans) From:			
a. Individual/Persons Other Than Political Committees			
i. Itemized (use Schedule A)			11(a)(i)
ii. Unitemized	525.00	20325.50	11(a)(ii)
iii. Total (add i and ii) ➤	525.00	20325.50	11(a)(iii)
b. Political Party Committees			11(b)
c. Other Political Committees (such as PACs)			11(c)
d. Total Contributions (add a iii, b and c) ➤	525.00	20325.50	11(d)
12. Transfers From Affiliated/Other Party Committees			12
13. All Loans Received			13
14. Loan Repayments Received			14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)			15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees			16
17. Other Federal Receipts (Dividends, Interest, etc.)	92.51	836.97	17
18. Transfers from Nonfederal Account for Joint Activity			18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	617.51	21162.47	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	617.51	21162.47	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share			21(a)(i)
ii. Non-Federal Share			21(a)(ii)
b. Other Federal Operating Expenditures			21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤			21(c)
22. Transfers to Affiliated/Other Party Committees			22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3000.00	3500.00	23
24. Independent Expenditures (use Schedule E)			24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)			25
26. Loan Repayments Made			26
27. Loans Made			27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees			28(a)
b. Political Party Committees			28(b)
c. Other Political Committees (such as PACs)			28(c)
d. Total Contribution Refunds (add a, b and c) ➤			28(d)
29. Other Disbursements	11274.00	26824.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	14274.00	30324.00	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	14274.00	30324.00	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	525.00	20325.50	32
33. Total Contribution Refunds (from line 28d)			33
34. Net Contributions (other than loans)(subtract line 33 from 32)	525.00	20325.50	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤			35
36. Offsets to Operating Expenditures (from line 15)			36
37. Net Operating Expenditures (subtract line 36 from 35) ➤			37

FE74N047

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Indiana Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
A. Smith Barney 111 Monument Circle Indianapolis, IN 46204 Receipt For: [ ] Primary [ ] General [X] Other (specify): Investment Income	Aggregate Year-to-Date $ 836.97	10/1-10/27/96	92.51
B.	Aggregate Year-to-Date $		
C.	Aggregate Year-to-Date $		
D.	Aggregate Year-to-Date $		
E.	Aggregate Year-to-Date $		
F.	Aggregate Year-to-Date $		
G.	Aggregate Year-to-Date $		

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

TOTAL This Period (last page this line number only) 92.51

FE6AN135

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 23

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NAME OF COMMITTEE (In Full)

Indiana Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Edward A. Pease 5125 E. Old Maple Ave. Terre Haute, IN 47803	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	1500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Zakas 16372 Wild Cherry Dr. Granger, IN 46530	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/28/96	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Virginia Blankenbaker 1027 Stratford Hall Indianapolis, IN 46260	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	1000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	
TOTAL This Period (last page this line number only)	3000.00

FEBAN13a

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Indiana Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Jon R. Padfield 3408 Melody Lane East Kokomo, IN 46902	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
B. Sam Shoemaker RR 1 Box 322-A Portland, IN 47371	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	300.00
C. Dennis K. Kruse 6704 County Rd. 31 Auburn, IN 46706	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
D. Thomas E. Saunders 106 N. First St. Box 247 Lewisville, IN 47352	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
E. David L. Copenhaver 1706 Bundy Ave. New Castle, IN 47362	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
F. David B. Yount 3811 Oriole Dr. Columbus, IN 47203	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
G. David L. Crooks 36 Douglas Dr. Washington, IN 47501	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
H. Michael A. Ripley 2990 S. 650 E Monroe, IN 46772	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
I. Jeffrey K. Espich 1250 W. Hancock Uniondale, IN 46791	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)		200.00

SUBTOTAL of Disbursements This Page (optional) 1900.00

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

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SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Robert K. Alderman 5715 Kroemer Rd. Ft Wayne, IN 46804	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Gloria J. Goeglein 9339 Maysville Rd. Ft. Wayne, IN 46815	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael B. Murphy 4731 Moss Lane Indianapolis, IN 46237	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	300.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
James W. Richardson 5535 W. Market St. Indianapolis, IN 46224	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
William E. Alexa 2207 Shannon Dr. Valparaiso, IN 46383	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	300.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Connie Lawson 3891 W. CR100 S Danville, IN 46122	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/16/96	250.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Patricia Miller 1041 S. Muessing Rd. Indianapolis, IN 46239	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	1200.00
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Billie J. Breaux 5155 N. Arlington Indianapolis, IN 46205	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Stephen Goldsmith 910 Keesler Blvd. W Dr. Indianapolis, IN 46208	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/24/96	2000.00

SUBTOTAL of Disbursements This Page (optional) 4850.00

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

FE6AN069

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana Dental Political Action Committee

Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Frank O'Bannon 995 Feller Rd. NW Corydon, IN 47112	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/21/96	1500.00
B. Charlie Brown 9439 Lake Shore Dr. Gary, IN 46403	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	300.00
C. Jesse M. Villalpando 956 N. Griffith Blvd. Griffith, IN 47616	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
D. Chester F. Dobis 6565 Marshall Ct. Merrillville, IN 46410	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/28/96	250.00
E. Mary K. Budak 2400 Andrew Ave. #804 LaPorte, IN 46350	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
F. Sheila J. Klinker 633 Kossuth St. Lafayette, IN 47905	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
G. Ralph M. Foley 400 Byram Blvd. Martinsville, IN 46151	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	200.00
H. John Gregory Frenz 9 Lincoln Lane Vincennes, IN 47591	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	200.00
I. Brian Hasler 2154 Bellemeade Ave. Evansville, IN 47715	Campaign Contribuiton Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/28/96	250.00

SUBTOTAL of Disbursements This Page (optional) 3300.00

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

FE6AN060

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER 29

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NAME OF COMMITTEE (In Full)

Indiana Dental Political Action Committee

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Matt Whetstone 154 Thornleight Ct. Brownsburg, IN 46112	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	300.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Michael A. Ripley 2990 S. 650E Monroe, IN 46772	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	9/7/96	200.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
IDDS 3901 N. Meridian #110 Indianapolis, IN 46208	Reimburse expenses Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	224.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
G. Edward Popcheff 7075 W. 21st St. Indianapolis, IN 46214	Reimburse expenses Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/23/96	150.00
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Joe Kernan 995 Feiler Rd. NW Corydon, IN 47112	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/12/96	50.00
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Sue Ellen Reed State House Indianapolis, IN 46204	Campaign Contribution Disbursement for: [ ] Primary [X] General [ ] Other (specify)	10/17/96	300.00
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

SUBTOTAL of Disbursements This Page (optional)	1224.00
TOTAL This Period (last page this line number only)	1274.00

FE6AN358

SCHEDULE D
(Revised 3/80)

DEBTS AND OBLIGATIONS
Excluding Loans

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

Name of Committee (In Full) Indiana Dental Political Action Committee	Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
A. Full Name, Mailing Address and ZIP Code of Debtor or Creditor Kehlenbrink, Lawrence & Pauckner 6296 Rucker Rd., Suite G Indianapolis, IN 46220	1430.00			1430.00
Nature of Debt (Purpose): Accounting Fees				
B. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
C. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
D. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
E. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				
F. Full Name, Mailing Address and ZIP Code of Debtor or Creditor				
Nature of Debt (Purpose):				

1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page in this line only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	1430.00

FCDAN133

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 recived.

☐	Hand Delivered	Date of Receipt
☐	First Class Mail	POSTMARKED
☑	Registerd/Certified Mail	POSTMARKED 2/2/98
☐	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	

J.A.Q. — PREPARER

2/7/98 — DATE PREPARED

(7/97)