REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEC MAIL ROOM
2000 OCT -5 A 11: 29

USE FEC MAILING LABEL OR TYPE OR PRINT

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

CITY, STATE and ZIP CODE
Oak Brook, IL 60523

2. FEC IDENTIFICATION NUMBER
C00213819

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

☐ Twelfth day report preceding _____ (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 ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 07/01/00 through 09/30/00		
6. (a) Cash on Hand January 1, 2000		$ 69,109.69
(b) Cash on Hand at Beginning of Reporting Period	$ 73,913.89	
(c) Total Receipts (from Line 19)	$ 5,100.92	$ 34,811.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 79,014.81	$ 103,921.17
7. Total Disbursements (from Line 30)	$ 3,700.00	$ 28,606.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 75,314.81	$ 75,314.81
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 contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-694-1100

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
9/29/00

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 8/93)

4-00128

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 07/01/00 TO: 09/30/00

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)	0.00	20,280.00	11(a)(i)
ii. Unitemized	4,910.00	13,744.00	11(a)(ii)
iii. Total (add i and ii) ➤	4,910.00	34,024.00	11(a)(iii)
b. Political Party Committees	0.00	0.00	11(b)
c. Other Political Committees (such as PACs)	0.00	0.00	11(c)
d. Total Contributions (add a iii, b and c) ➤	4,910.00	34,024.00	11(d)
12. Transfers From Affiliated/Other Party Committees	0.00	0.00	12
13. All Loans Received	0.00	0.00	13
14. Loan Repayments Received	0.00	0.00	14
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00	15
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0.00	0.00	16
17. Other Federal Receipts (Dividends, Interest, etc.)	190.92	787.46	17
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00	18
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	5,100.92	34,811.46	19
20. Total Federal Receipts (subtract line 18 from line 19) ➤	5,100.92	34,811.46	20
II. Disbursements			
21. Operating Expenditures:			
a. Shared Federal/Non-Federal Activity (from Schedule H4)			
i. Federal Share	0.00	0.00	21(a)(i)
ii. Non-Federal Share	0.00	0.00	21(a)(ii)
b. Other Federal Operating Expenditures	0.00	6.36	21(b)
c. Total Operating Expenditures (add a i, a ii, and b) ➤	0.00	6.36	21(c)
22. Transfers to Affiliated/Other Party Committees	0.00	0.00	22
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,700.00	25,600.00	23
24. Independent Expenditures (use Schedule E)	0.00	0.00	24
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00	25
26. Loan Repayments Made	0.00	0.00	26
27. Loans Made	0.00	0.00	27
28. Refunds of Contributions To:			
a. Individuals/Persons Other Than Political Committees	0.00	0.00	28(a)
b. Political Party Committees	0.00	0.00	28(b)
c. Other Political Committees (such as PACs)	0.00	0.00	28(c)
d. Total Contribution Refunds (add a, b and c) ➤	0.00	0.00	28(d)
29. Other Disbursements	0.00	0.00	29
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	3,700.00	25,606.36	30
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	3,700.00	25,606.36	31
III. Net Contributions/Operating Expenditures			
32. Total Contributions (other than loans)(from line 11d)	4,910.00	34,024.00	32
33. Total Contribution Refunds (from line 28d)	0.00	0.00	33
34. Net Contributions (other than loans)(subtract line 33 from 32)	4,910.00	34,024.00	34
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	0.00	6.36	35
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00	36
37. Net Operating Expenditures (subtract line 36 from 35) ➤	0.00	6.36	37

4-00173

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)
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		07/30/00	95.35
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 691.91		
B. Delaware Place Bank. 190 E. Delaware Place Chicago, IL 60611		08/31/00	95.57
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 787.48		
C.			
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
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 > $		

SUBTOTAL of Receipts This Page (optional)	190.92
TOTAL This Period (last page this line number only)	190.92

4-00173

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER 23

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 Re-Elect Congressman Joe Moakley Committee P.O. Box 1073 Boston, MA 02205-1073	Purpose of Disbursement Joe Moakley, U.S. HOUSE 9th MA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 07/12/00	Amount of Each Disbursement This Period 1,000.00
B. 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) 2000	Date (month, day, year) 07/26/00	Amount of Each Disbursement This Period 700.00
C. Full Name, Mailing Address and ZIP Code Adam Smith For Congress P O BOX 23626 FEDERAL WAY, WA 98093	Purpose of Disbursement Adam Smith, U.S. HOUSE 9th WA Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/25/00	Amount of Each Disbursement This Period 1,000.00
D. Full Name, Mailing Address and ZIP Code Luther for Congress Volunteer Committee 1395 Geneva Avenue N. Suite 202 Oakdale, MN 55128	Purpose of Disbursement William P."Bill Luther, U.S. HOUSE 6th MN Disbursement for: [X] Primary [ ] General [ ] Other (specify) 2000	Date (month, day, year) 08/07/00	Amount of Each Disbursement This Period 500.00
E. Full Name, Mailing Address and ZIP Code Levin for Congress 436 New Jersey Avenue, S.E. Washington, DC 20003	Purpose of Disbursement Sander M. Levin, U.S. HOUSE 12th MI Disbursement for: [ ] Primary [X] General [ ] Other (specify) 2000	Date (month, day, year) 09/15/00	Amount of Each Disbursement This Period 500.00
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)	3,700.00
TOTAL This Period (last page this line number only)	3,700.00

4-00173

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 10/5/00
☐	First Class Mail	POSTMARKED
☐	Registered/Certified Mail	POSTMARKED (R/C)
☐	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	
GR		10/5/00
PREPARER		DATE PREPARED

(6/2000)