

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 16 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Jeff Lutgen
 Full Name (Last, First, Middle Initial)
 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
 M M / D D / Y Y Y Y Y Y
 09 / 22 / 2014
Transaction ID : SA11AI.5566
 Amount of Each Receipt this Period
 650.00

B. Clifford Maesaka
 Full Name (Last, First, Middle Initial)
 Mailing Address 928 Woodland Heights Dr.
 City Louisville State KY Zip Code 40245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Delta Dental of Kentucky Occupation Insurance Executive
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.5537
 Amount of Each Receipt this Period
 2000.00

C. Carlton McLeod
 Full Name (Last, First, Middle Initial)
 Mailing Address 700 Washington Street #1025
 City Vancouver State WA Zip Code 98660
 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
 M M / D D / Y Y Y Y Y Y
 09 / 15 / 2014
Transaction ID : SA11AI.5528
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3150.00
TOTAL This Period (last page this line number only)..... ▶