REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

C00213619 061493 205
JACK D. SEMLER
DELTA DENTAL PLANS ASSOCIATION
PAC (DELTAPAC)
211 EAST CHICAGO AVENUE SUITE
CHICAGO IL 60611

Aug 3 4 45 PM '93

1. Report Period

2. FEC IDENTIFICATION NUMBER

3. This committee qualified as a multicandidate committee **DURING THIS** Reporting Period on _____ (date).

4. TYPE OF REPORT

(a) April 15 Quarterly Report

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

X 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 X NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period Jan. 1, 1993 through June 30, 1993		
6. (a) Cash on Hand January 1, 19 93		$26,064.53
(b) Cash on Hand at Beginning of Reporting Period	$26,064.53	
(c) Total Receipts (from Line 19)	$30,546.97	$30,546.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$56,611.50	$56,611.50
7. Total Disbursements (from Line 38)	$ 4,896.25	$ 4,896.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$51,715.25	$51,715.25
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ -0-	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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: Jack D. Semler

Signature of Treasurer: Jack D. Semler

Date: July 22, 1993

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 1/1/91)

9 3 0 3 8 5 4 3 9 9 2

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 01/01/93 TO: 06/30/93

	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)	20,290.00	20,290.00
ii. Unitemized	9,800.00	9,800.00
iii. Total (add i and ii) ➤	30,090.00	30,090.00
b. Political Party Committees		
c. Other Political Committees (such as PACs)		
d. Total Contributions (add a iii, b and c) ➤	30,090.00	30,090.00
12. Transfers From Affiliated/Other Party Committees		
13. All Loans Received		
14. Loan Repayments Received		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees		
17. Other Federal Receipts (Dividends, Interest, etc.)	456.97	456.97
18. Transfers from Nonfederal Account for Joint Activity		
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	30,546.97	30,546.97
20. Total Federal Receipts (subtract line 18 from line 19) ➤	30,546.97	30,546.97
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share		
b. Other Federal Operating Expenditures		
c. Total Operating Expenditures (add a i, a ii, and b) ➤		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	4,500.00	4,500.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees		
c. Other Political Committees (Such as PACs)		
d. Total Contribution Refunds (add a, b and c) ➤		
29. Other Disbursements	396.25	396.25
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	4,896.25	4,896.25
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	4,896.25	4,896.25
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	30,090.00	30,090.00
33. Total Contribution Refunds (from line 28d)		
34. Net Contributions (other than loans)(subtract line 33 from 32)	30,090.00	30,090.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤		
36. Offsets to Operating Expenditures (from line 15)		
37. Net Operating Expenditures (subtract line 36 from 35) ➤		

7 5 0 3 8 5 4 3 9 9 3

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 1 OF 8

FOR LINE NUMBER 11-a-i

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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. Mr. Dennis L. Brown East Highway #10 Stevens Point, WI 54881 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Wisconsin President Aggregate Year-to-Date $ 500.00	2/03/93	$500.00
B. Dr. Erik D. Olsen 211 E. Chicago Ave. Ste. 800 Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plans Association Board Member Aggregate Year-to-Date $ 580.00	2/18/93	$580.00
C. Mr. Jerry R. Holcombe P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Sr.V.P.,Comm. Opers. Aggregate Year-to-Date $ 500.00	3/02/93	$500.00
D. Ms. Sharon Rafter P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California V.P., Corp. Affair. Aggregate Year-to-Date $ 350.00	3/02/93	$350.00
E. Mr. William T. Ward P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California President & CEO Aggregate Year-to-Date $ 500.00	3/09/93	$500.00
F. Ms. Kathleen Baldinelli P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California First Vice Chrmn. Aggregate Year-to-Date $ 390.00	3/09/93	$390.00
G. Dr. Hans S. Sjoren P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Board Member Aggregate Year-to-Date $ 500.00	3/15/93	$500.00

SUBTOTAL of Receipts This Page (optional) $3,320.00

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

7 3 0 3 8 5 4 3 9 7 4

SCHEDULE A

ITEMIZED RECEIPTS

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

FOR LINE NUMBER 11-a-i

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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. Mr. Don B. Conkling P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Occupation: Sr. Vice President Aggregate Year-to-Date $ 350.00	3/17/93	$350.00
B. Dr. Gerard E. McGuirk 54 Tyler Lake Heights Goshen, CT 06756 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of New York Occupation: President Aggregate Year-to-Date $ 260.00	3/22/93	$260.00
C. Dr. William M. Manning 95 White Bridge Road Nashville, TN 37205 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Tennessee Occupation: President Aggregate Year-to-Date $ 500.00	3/22/93	$500.00
D. Mr. Jack D. Semler 211 E. Chicago Ave. Ste. 800 Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plans Association Occupation: Vice President Aggregate Year-to-Date $ 500.00	3/22/93	$500.00
E. Dr. Ronald P. Schmidt 2675 S. Abilene St. Aurora, CO 80014 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Colorado Occupation: Board Member Aggregate Year-to-Date $ 500.00	3/23/93	$500.00
F. Dr. John F. Field P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Occupation: Sr. Vice President Aggregate Year-to-Date $ 260.00	3/23/93	$260.00
G. Dr. James L. Pittman P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Occupation: V.P. Prof. Rel. Aggregate Year-to-Date $ 260.00	3/29/93	$260.00

SUBTOTAL of Receipts This Page (optional) $2,630.00

TOTAL This Period (last page this line number only)

93038543995

SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (in Full)

Delta Dental Plans Association - DeltPAC

Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation / Aggregate Year-to-Date	Date (month, day, year)	Amount of Each Receipt this Period
A. Mr. James R. Rhone 6 Loudon Road Concord, NH 03301-5395 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of New Hampshire President Aggregate Year-to-Date $500.00	3/29/93	$500.00
B. Dr. Richard M. Bates 1585 S.W. Marlow Portland, OR 97220 Receipt For: Primary / General / Other (specify):	ODS Health Plan Board Member Aggregate Year-to-Date $300.00	3/31/93	$300.00
C. Dr. Richard Naughton 9 N.E. 120th Portland, OR 97220 Receipt For: Primary / General / Other (specify):	ODS Health Plan Board Member Aggregate Year-to-Date $300.00	3/31/93	$300.00
D. Ms. Grace Turney 15648 North 35th Ave., Ste. 111 Phoenix, AZ 85023 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Arizona VP,Sales&Marketing Aggregate Year-to-Date $250.00	3/31/93	$250.00
E. Dr. Dale Canfield 315 S.W. Fifth Ave., Ste.1100 Portland, OR 97204 Receipt For: Primary / General / Other (specify):	ODS Health Plan Board Member Aggregate Year-to-Date $500.00	4/05/93	$500.00
F. Dr. John R. Mann, Jr. 51 High Street Brattleboro, VT 05301 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Vermont Chairman of the Brd Aggregate Year-to-Date $250.00	4/05/93	$250.00
G. Mr. A.G. Lindstrand 315 S.W. Fifth Ave., Ste.1100 Portland, OR 97204 Receipt For: Primary / General / Other (specify):	ODS Health Plan President Aggregate Year-to-Date $500.00	4/08/93	$500.00

SUBTOTAL of Receipts This Page (optional) $2,600.00

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

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 4 OF 8

FOR LINE NUMBER 11-a-i

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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. Mr. Gary D. Radine 23 Old Depot Road New Cumberland, PA 17070 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Pennsylvania President Aggregate Year-to-Date $ 500.00	4/08/93	$500.00
B. Dr. Thomas J. Fleszar P.O. BOx 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Board Member Aggregate Year-to-Date $ 350.00	4/13/93	$350.00
C. Dr. Joseph F. Pinto P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Board Member Aggregate Year-to-Date $ 260.00	4/16/93	$260.00
D. Dr. Richard Witmer P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Board Member Aggregate Year-to-Date $ 500.00	4/16/93	$500.00
E. Mr. E. Craig Lesley P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan V.P., Marketing Aggregate Year-to-Date $ 500.00	4/16/93	$500.00
F. Dr. James R. Benson 315 S.W. Fifth Ave., Ste.1100 Portland, OR 97204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ODS Health Plan Board Member Aggregate Year-to-Date $ 300.00	5/03/93	$300.00
G. Dr. Thomas J. Gant P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Board Member Aggregate Year-to-Date $ 340.00	5/03/93	$340.00

SUBTOTAL of Receipts This Page (optional) $2,750.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

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FOR LINE NUMBER 11-a-i

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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. Mr. Earl Gladden P.O. Box 54709 Oklahoma City, OK 73154 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Oklahoma President Aggregate Year-to-Date $ 260.00	5/03/93	$260.00
B. Dr. Kenneth Berg 315 S.W. Fifth Ave., Ste.1100 Portland, OR 97204 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	ODS Health Plan Board Member Aggregate Year-to-Date $ 300.00	5/12/93	$300.00
C. Mr. Jon E. Perkins 100 First Street San Francisco, CA 94105 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Ins. Company President Aggregate Year-to-Date $ 350.00	5/12/93	$350.00
D. Dr. Lowell G. Daun P.O. Box 7736 San Francisco, CA 94120 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of California Vice President Aggregate Year-to-Date $ 390.00	5/20/93	$390.00
E. Dr. J. Ed Judd 15648 N. 35th Ave., Ste. 111 Phoenix, AZ 85023 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Arizona President & CEO Aggregate Year-to-Date $ 580.00	5/21/93	$580.00
F. Mr. James Bonk 211 E. Chicago Ave., Ste. 800 Chicago, IL 60611 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plans Association President Aggregate Year-to-Date $ 500.00	5/21/93	$500.00
G. Mr. Joseph P. Hopkins 8390 Delmar Blvd. St. Louis, MO 63124 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Missouri President & CEO Aggregate Year-to-Date $ 500.00	6/01/93	$500.00

SUBTOTAL of Receipts This Page (optional) $2,880.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER 11-a-i

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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. Mr. Michael F. Walsh P.O. Box 330 Minneapolis, MN 55440 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Minnesota Occupation: President Aggregate Year-to-Date > $ 350.00	6/01/93	$350.00
B. Mr. Patrick A. McDonald P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Occupation: Board Member Aggregate Year-to-Date > $ 340.00	6/01/93	$340.00
C. Mr. Patrick P. Gribben, Jr. P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Occupation: President Aggregate Year-to-Date > $ 500.00	6/04/93	$500.00
D. Mr. Scott Jones P.O. Box 1157 Pierre, SD 57501 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of South Dakota Occupation: Executive Director Aggregate Year-to-Date > $ 500.00	6/04/93	$500.00
E. Mr. Thomas B. Dixson P.O. Box 30416 Lansing, MI 48909 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Michigan Occupation: Sr.VP.,Admin&Int.Op. Aggregate Year-to-Date > $ 300.00	6/04/93	$300.00
F. Ms. C. Sue Stabee 2500 Louisiana Blvd.,NE.,Ste 600 Albuquerque, NM 87110 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of New Mexico Occupation: Chief Executive Off. Aggregate Year-to-Date > $ 500.00	6/04/93	$500.00
G. Dr. Frank F. Shuler East Highway #10 Stevens Point, WI 54481 Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Delta Dental Plan of Wisconsin Occupation: Board Member Aggregate Year-to-Date > $ 250.00	6/14/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,740.00

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

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SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 7 OF 8

FOR LINE NUMBER 11-a-i

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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. Dr. John B. Kenison 6 Loudon Road Concord, NH 03301-5395 Receipt For: Primary / General / Other (specify):	Delta Dental Plan New Hampshire Occupation: Chrmn. of the Brd. Aggregate Year-to-Date $ 500.00	6/14/93	$500.00
B. Mr. William Billard P.O. Box 30416 Lansing, MI 48909 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Michigan Occupation: V.P., Actuarial Aggregate Year-to-Date $ 260.00	6/14/93	$260.00
C. Mr. Ronald Gessl P.O. Box 49198 Wichita, KS 67201-9198 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Kansas Occupation: Exec. VP. & CEO Aggregate Year-to-Date $ 500.00	6/16/93	$500.00
D. Mr. Gary L. Throgmorton 15648 N. 35th Ave., Ste. 111 Phoenix, AZ 85023 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Arizona Occupation: Sr.VP. & COO. Aggregate Year-to-Date $ 500.00	6/21/93	$500.00
E. Mr. Roy M. Hilliard 23 Old Depot Road New Cumberland, PA 17070 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Pennsylvania Occupation: V.P., Marketing Aggregate Year-to-Date $ 260.00	6/21/93	$260.00
F. Dr. Robert E. Hunter P.O. Box 9104 Medford, MA 02155-9104 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Massachusetts Occupation: President Aggregate Year-to-Date $ 600.00	6/30/93	$600.00
G. Dr. Susan H. Carron P.O. Box 30416 Lansing, MI 48909 Receipt For: Primary / General / Other (specify):	Delta Dental Plan of Michigan Occupation: Board Member Aggregate Year-to-Date $ 250.00	6/30/93	$250.00

SUBTOTAL of Receipts This Page (optional) $2,870.00

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

93038544000

SCHEDULE A **ITEMIZED RECEIPTS**

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

PAGE 8 OF 8

FOR LINE NUMBER 11-a-i

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NAME OF COMMITTEE (in Full)

Delta Dental Plans Association - DeltaPAC

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Mr. James S. Garrison P.O. Box 75688, Northgate Statn. Seattle, WA 98125	Washington Dental Service	6/30/93	$500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Occupation: President & CEO Aggregate Year-to-Date > $ 500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation		
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) . . . . . > $500.00

TOTAL This Period (last page this line number only) . . . . . > $20,290.00

9 3 0 3 8 5 4 4 0 0 1

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)

Delta Dental Plans Association - DeltaPAC

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
A. "Pete Stark Re-Election Committee" P.O. Box 4465 Washington, DC 20026-4665	Contribution	6/03/93	$2,000.00
B. "Friends of Robert Byrd" 1211 Connecticut Ave.,N.W. Ste. 700 Washington, DC 20036	Contribution	6/03/93	$1,000.00
C. "Citizens for Harkin" 236 Massachusetts Ave.,N.E. Washington, DC 20036	Contribution	3/12/93	$1,000.00
D. "Re-Elect Joe Moakley" P.O. Box 1073 Boston, MA 02205	Contribution	4/05/93	$500.00
E.			
F.			
G.			
H.			
I.			

SUBTOTAL of Disbursements This Page (optional) $4,500.00

TOTAL This Period (last page this line number only) $4,500.00

93038544002

SCHEDULE B **ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 1

FOR LINE NUMBER 29

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NAME OF COMMITTEE (in Full)

Delta Dental Plans Association - DeltaPAC

	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
A. Full Name, Mailing Address and ZIP Code Illinois Dept. of Revenue Springfield, IL. 62706	State Taxes '92 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/15/93	$6.00
B. Full Name, Mailing Address and ZIP Code Delta Dental Plans Assoc. 211 E. Chicago Ave., Ste 800 Chicago, IL 60611	Income Tax '92 Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	3/15/93	$370.00
C. Full Name, Mailing Address and ZIP Code First Security Bank of Chicago 196 East Pearson Chicago, IL 60611	Check Order Disbursement for: ☐ Primary ☐ General ☐ Other (specify)	4/28/93	$20.25
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)	$396.25
TOTAL This Period (last page this line number only)	$396.25

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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 7/30/93
☐	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

J.A.Q.
PREPARER

8/4/93
DATE PREPARED

FEC FORM 70-2 (12/92)

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