

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines Delta Dental Plans Association PAC

ADDRESS (number and street) 1515 W 22nd Street Suite 450 Check if different than previously reported. (ACC) Oak Brook IL 60523

2. FEC IDENTIFICATION NUMBER C00213819 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 07 01 2010 through 09 30 2010

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 Ben Yomtoob

Signature of Treasurer Electronically Filed by Ben Yomtoob Date 10 29 2010

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

Table with 10 columns and 1 row. Column 1: Office Use Only. Column 2-10: Empty. Column 11: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
Delta Dental Plans Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		132085.60
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	115435.63									
(c) Total Receipts (from Line 19) .....	29400.38	63780.41								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	144836.01	195866.01								
7. Total Disbursements (from Line 31) .....	24000.00	75030.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	120836.01	120836.01								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....										

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Delta Dental Plans Association PAC

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	25830.00	51980.00
(ii) Unitemized .....	3565.00	11790.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	29395.00	63770.00
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29395.00	63770.00
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....		
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....		
17. Other Federal Receipts (Dividends, Interest, etc.) .....	5.38	10.41
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....		
(b) Levin Funds (from Schedule H5) .....		
(c) Total Transfer (add 18(a) and 18(b)).		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	29400.38	63780.41
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29400.38	63780.41

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures.....		2030.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶		2030.00
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	24000.00	72000.00
24. Independent Expenditure (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 Lines 28(a), (b), and (c)) .....		
29. Other Disbursements.....		1000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	24000.00	75030.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	24000.00	75030.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 24

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	29395.00	63770.00
34. Total Contribution Refunds (from Line 28(d)) .....		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29395.00	63770.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....		2030.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....		
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....		2030.00

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

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

FOR LINE NUMBER: PAGE 6 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Terri Anderson

Mailing Address 386 Baltusrol Dr

City State Zip Code  
Aptos CA 95003

FEC ID number of contributing federal political committee. **C**

Name of Employer DDCA Occupation DDCA

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 9 / 2 0 / 2 0 1 0

**Transaction ID:** SA11Ai-CN3533

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Linda Arneson

Mailing Address 5454 Zang St S

City State Zip Code  
Littleton CO 80127

FEC ID number of contributing federal political committee. **C**

Name of Employer DDCO Occupation VP Operations

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

**Transaction ID:** SA11Ai-CN3471

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
Walter Bolic

Mailing Address 11105 Costa Del Sol NE

City State Zip Code  
Albuquerque NM 87111

FEC ID number of contributing federal political committee. **C**

Name of Employer DDNM Occupation President & CEO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
0 7 / 1 6 / 2 0 1 0

**Transaction ID:** SA11Ai-CN3458

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1550.00**

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

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

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

FOR LINE NUMBER: PAGE 7 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Stacey Bonn

Mailing Address 111 Shuman Boulevard

City State Zip Code  
Naperville IL 60563

FEC ID number of contributing federal political committee. **C**

Name of Employer: Delta Dental Of Arizona   Occupation: CFO

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt: 08 / 31 / 2010  
**Transaction ID: SA11Ai-CN3527**  
 Amount of Each Receipt this Period: 200.00

**B.** Full Name (Last, First, Middle Initial)  
Rebecca Bretting

Mailing Address 4101 Summit West Road

City State Zip Code  
Ashland WI 54806

FEC ID number of contributing federal political committee. **C**

Name of Employer: DDWI   Occupation: Board

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt: 08 / 12 / 2010  
**Transaction ID: SA11Ai-CN3490**  
 Amount of Each Receipt this Period: 650.00

**C.** Full Name (Last, First, Middle Initial)  
Bernard Brommer

Mailing Address 3560 Delta Dental Drive

City State Zip Code  
Saint Paul MN 55122

FEC ID number of contributing federal political committee. **C**

Name of Employer: DDMN   Occupation: BOARD

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt: 07 / 16 / 2010  
**Transaction ID: SA11Ai-CN3461**  
 Amount of Each Receipt this Period: 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1100.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Mr. Dennis Brown

Mailing Address 2801 Hoover Rd

City State Zip Code  
Stevens Point WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3473

Amount of Each Receipt this Period  
2000.00

**B.**

Full Name (Last, First, Middle Initial)  
Ed Choate

Mailing Address 361 Phippen Post DR

City State Zip Code  
Conway AR 72034

FEC ID number of contributing federal political committee. **C**

Name of Employer DDAR Occupation President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
07 / 21 / 2010

**Transaction ID:** SA11Ai-CN3465

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Susan L. Czelada

Mailing Address 6103 Longview Dr E

City State Zip Code  
East Lansing MI 48823

FEC ID number of contributing federal political committee. **C**

Name of Employer DDMI Occupation Executive VP CFO & CIO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2010

**Transaction ID:** SA11Ai-CN3494

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 4000.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Jean De Luca

Mailing Address 1811 E Spring Meadow Lane

City State Zip Code  
Boise ID 83706

FEC ID number of contributing federal political committee. **C**

Name of Employer DDIA Occupation Dental

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 31 / 2010

**Transaction ID:** SA11Ai-CN3504

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
Frederick Eichmiller

Mailing Address 3972 Hay Meadow Dr N

City State Zip Code  
Mosinee WI 54455

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation VP & Science Officer

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3483

Amount of Each Receipt this Period  
650.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Thomas J. Fleszar, DDSMS

Mailing Address 1175 Harrow Cir

City State Zip Code  
Bloomfield Hills MI 48304

FEC ID number of contributing federal political committee. **C**

Name of Employer DDMI Occupation President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y  
08 / 27 / 2010

**Transaction ID:** SA11Ai-CN3493

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Pamela Gartmann

Mailing Address 3003 Clark St

City State Zip Code  
Stevens Point WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
VP Human Resources

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3480

Amount of Each Receipt this Period  
650.00

**B.**

Full Name (Last, First, Middle Initial)  
Bryard L. Giroux

Mailing Address 816 Mc Indoe Stree

City State Zip Code  
Wausau WI 54403

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
BOARD

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3489

Amount of Each Receipt this Period  
650.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Patricia Glennon

Mailing Address 1956 Elk St

City State Zip Code  
Stevens Point WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
VP of Finance

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3478

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1950.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 24  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Kerry Hall

Mailing Address 718 Shadow Mtn. Trl

City State Zip Code  
Cheyenne WY 82009

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWY Occupation President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID:** SA11Ai-CN3469

Amount of Each Receipt this Period  
900.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Nancy Hostetler

Mailing Address 3905 Breckinridge

City State Zip Code  
Okemos MI 48864

FEC ID number of contributing federal political committee. **C**

Name of Employer Delta Dental Plan of Michigan Occupation DDMI

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** SA11Ai-CN3507

Amount of Each Receipt this Period  
1000.00

**C.**

Full Name (Last, First, Middle Initial)  
Ms. Karen Johnson

Mailing Address 1674 Church Rd

City State Zip Code  
Mosinee WI 54455

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation VP Operations

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3477

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **2550.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 24  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lindie M Landin

Mailing Address 1349 Okray Dr

City State Zip Code  
Stevens Point WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
VP Information Technology

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11Ai-CN3482

Amount of Each Receipt this Period  
650.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. William H. Leakey, DDS

Mailing Address Route 1 Box 123-A

City State Zip Code  
Washburn WI 54891

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
Dentist

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11Ai-CN3487

Amount of Each Receipt this Period  
650.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. George A. Levicki

Mailing Address 6830 Trelawney Tr.

City State Zip Code  
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer DDVA Occupation  
President & CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

Transaction ID: SA11Ai-CN3475

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1800.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 13 / 24  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lorraine Lutgen

Mailing Address 26 Old Crest Road

City State Zip Code  
Sandia Park NM 87047

FEC ID number of contributing federal political committee. **C**

Name of Employer DDNM Occupation  
Dental

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
210.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2010

**Transaction ID:** SA11Ai-CN3521

Amount of Each Receipt this Period  
210.00

**B.**

Full Name (Last, First, Middle Initial)  
Vincent Lyles

Mailing Address 3138 N. 103rd St.

City State Zip Code  
Milwaukee WI 53222

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
Board

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 12 / 2010

**Transaction ID:** SA11Ai-CN3488

Amount of Each Receipt this Period  
650.00

**C.**

Full Name (Last, First, Middle Initial)  
William C Matthews

Mailing Address 2801 Hoover Rd

City State Zip Code  
Bayfield WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation  
Board Member

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt  
MM / DD / YYYY  
08 / 23 / 2010

**Transaction ID:** SA11Ai-CN3472

Amount of Each Receipt this Period  
650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1510.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 14 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Dave Morse

Mailing Address Atrium Executive Square  
11235 Davenport Street Suite 105

City State Zip Code  
Omaha NE 68154

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Delta Dental Of Maine President

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
1120.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 7 / 2 0 1 0

Transaction ID: SA11Ai-CN3495

Amount of Each Receipt this Period  
120.00

**B.**

Full Name (Last, First, Middle Initial)  
Charles Nason

Mailing Address 133 Maple Bluff Rd N

City State Zip Code  
Stevens Point WI 54481

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DDWI Board Member

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11Ai-CN3485

Amount of Each Receipt this Period  
650.00

**C.**

Full Name (Last, First, Middle Initial)  
Karen Ordinans

Mailing Address 10300 Spring Green Rd W

City State Zip Code  
Greenfield WI 53228

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
DDWI Board Member

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11Ai-CN3484

Amount of Each Receipt this Period  
650.00

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

1420.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 / 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Nancy Orsbon		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 507 N. Grand		<b>Transaction ID:</b> SA11Ai-CN3502		
	City Pierre	State SD	Zip Code 57501	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DDSD	Occupation VP Professional Services			
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) L Chris Petersen		Date of Receipt MM / DD / YYYY 08 / 31 / 2010		
	Mailing Address 1401 H Street N.W. Suite 760		<b>Transaction ID:</b> SA11Ai-CN3528		
	City Washington	State DC	Zip Code 20005	Amount of Each Receipt this Period 500.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer MorrisManning&Martin	Occupation Legal			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Mr. Dennis Peterson		Date of Receipt MM / DD / YYYY 08 / 12 / 2010		
	Mailing Address 6875 Country Beautiful Ln		<b>Transaction ID:</b> SA11Ai-CN3481		
	City Stevens Point	State WI	Zip Code 54481	Amount of Each Receipt this Period 650.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer DDWI	Occupation Executive VP			
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 650.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1650.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 / 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Eugene Randolph		Date of Receipt
	Mailing Address 6901 N Beech Tree Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Milwaukee	WI	53209
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN3491
Name of Employer DDWI		Occupation Board	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 650.00	<input type="text"/> 650.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Gary Rogers		Date of Receipt
	Mailing Address 3200 Jay Ct		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	Stevens Point	WI	54481
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN3479
Name of Employer DDWI		Occupation V. P. Marketing	Amount of Each Receipt this Period
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 650.00	<input type="text"/> 650.00

<b>C.</b>	Full Name (Last, First, Middle Initial) Phyllis Rogers		Date of Receipt
	Mailing Address 2205 Cedar Creek		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
	City	State	Zip Code
	North Little Rock	AR	72116
	FEC ID number of contributing federal political committee. <b>C</b>		Transaction ID: SA11Ai-CN3503
Name of Employer Delta Dental of Arkansas		Occupation DELTA DENTAL	Amount of Each Receipt this Period
Receipt For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/>
		<input type="text"/> 500.00	<input type="text"/> 500.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> 1800.00
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 17 / 24  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Dom Ruscio

Mailing Address 317 Massachusetts Ave NE

City Washington State DC Zip Code 20002

FEC ID number of contributing federal political committee. **C**

Name of Employer DELTA DENTAL PLANS ASSOCIATION Occupation Legislative Consultant

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 27 / 2010  
**Transaction ID:** SA11Ai-CN3492  
 Amount of Each Receipt this Period 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Mr. Douglas Sanborn

Mailing Address 1 Peachtree Rd

City Basking Ridge State NJ Zip Code 07920

FEC ID number of contributing federal political committee. **C**

Name of Employer DDNJ Occupation Senior V. P. & General Counsel

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 12 / 2010  
**Transaction ID:** SA11Ai-CN3474  
 Amount of Each Receipt this Period 500.00

**C.** Full Name (Last, First, Middle Initial)  
Dr. Frank F. Shuler, DDS

Mailing Address W1433 N. Blue Spg Lake Dr

City Palmyra State WI Zip Code 53156

FEC ID number of contributing federal political committee. **C**

Name of Employer DDWI Occupation Dentist

Receipt For: 2010  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 08 / 12 / 2010  
**Transaction ID:** SA11Ai-CN3486  
 Amount of Each Receipt this Period 650.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2150.00

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

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

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

FOR LINE NUMBER: PAGE 18 / 24

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Charles Stich

Mailing Address 668 Oakdale Ave 3-F W

City State Zip Code  
Chicago IL 60657

FEC ID number of contributing federal political committee. **C**

Name of Employer  
DELTA DENTAL PLANS ASSOCIATION

Occupation  
VP

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 3 1 / 2 0 1 0

Transaction ID: SA11Ai-CN3511

Amount of Each Receipt this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)  
Ms. Karen Thompson

Mailing Address E350 S. Rolofson Lake Rd

City State Zip Code  
Scandinavia WI 54977

FEC ID number of contributing federal political committee. **C**

Name of Employer  
DDWI

Occupation  
VP of Underwriting

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
650.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 1 2 / 2 0 1 0

Transaction ID: SA11Ai-CN3476

Amount of Each Receipt this Period

650.00

**C.**

Full Name (Last, First, Middle Initial)  
Walter Joseph Van Brunt

Mailing Address 13 Crystal Rock Rd

City State Zip Code  
Sparta NJ 07871

FEC ID number of contributing federal political committee. **C**

Name of Employer  
DDNJ

Occupation  
CEO

Receipt For: 2010  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt

M M / D D / Y Y Y Y  
0 8 / 2 3 / 2 0 1 0

Transaction ID: SA11Ai-CN3466

Amount of Each Receipt this Period

1000.00

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

1900.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 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 PAC

A.

Full Name (Last, First, Middle Initial) Ben Yomtoob		Date of Receipt	
Mailing Address 1515 22ND ST SUITE 450		M M / D D / Y Y Y Y 08 / 23 / 2010	
City	State	Zip Code	Transaction ID: SA11Ai-CN3468
Oak Brook	IL	60523	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		500.00	
Name of Employer DELTA DENTAL PLANS ASSOCIATION		Occupation VP Planning & Operations	
Receipt For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	25830.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PAC

A.

Full Name (Last, First, Middle Initial)  
Friends of Sherrod Brown

Mailing Address PO Box 76187

City Washington State DC Zip Code 20013

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sherrod Brown

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: OH District: 13

Transaction ID: SB23-EX501  
Date of Disbursement

09 / 30 / 2010

Amount of Each Disbursement this Period

2500.00

Political Contributions

B.

Full Name (Last, First, Middle Initial)  
Levin For Congress

Mailing Address 209 Pennsylvania Ave SE

City Washington State DC Zip Code 20003

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Sandy Levin

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 12

Transaction ID: SB23-EX500  
Date of Disbursement

09 / 27 / 2010

Amount of Each Disbursement this Period

500.00

Political Contributions

C.

Full Name (Last, First, Middle Initial)  
Pete Stark Re-Election Committee

Mailing Address PO Box 75214

City Washington State DC Zip Code 20013

Purpose of Disbursement

011  
Category/  
Type

Candidate Name  
Pete Stark

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: CA District: 13

Transaction ID: SB23-EX497  
Date of Disbursement

09 / 08 / 2010

Amount of Each Disbursement this Period

2500.00

Political Contributions

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

5500.00

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



# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Menendez For Senate <hr/> Mailing Address 315 C Street SE Lower Level <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement <hr/> Candidate Name Robert Menendez <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NJ District:	Transaction ID: SB23-EX489 Date of Disbursement 07 / 16 / 2010
	Amount of Each Disbursement this Period 1000.00
	011 Category/ Type
	Political Contributions
<b>B.</b> Full Name (Last, First, Middle Initial) Citizens For Harkin <hr/> Mailing Address 426 C Street NE <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement <hr/> Candidate Name Tom Harkin <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District:	Transaction ID: SB23-EX498 Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 2500.00
	011 Category/ Type
	Political Contributions
<b>C.</b> Full Name (Last, First, Middle Initial) Collins For Senator <hr/> Mailing Address 1020 N. Fairfax Street Suite 201 <hr/> City Alexandria State VA Zip Code 22314 <hr/> Purpose of Disbursement <hr/> Candidate Name Susan Collins <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: ME District:	Transaction ID: SB23-EX487 Date of Disbursement 08 / 02 / 2010
	Amount of Each Disbursement this Period 2000.00
	011 Category/ Type
	Political Contributions

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	5500.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	.....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PAC

A.	Full Name (Last, First, Middle Initial) Pallone For Congress	Transaction ID: SB23-EX496 Date of Disbursement 09 / 08 / 2010
	Mailing Address PO Box 3176	Amount of Each Disbursement this Period 1000.00
	City Long Branch State NJ Zip Code 07740	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Frank Pallone	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Political Contributions

B.	Full Name (Last, First, Middle Initial) Friends For Harry Reid	Transaction ID: SB23-EX499 Date of Disbursement 09 / 27 / 2010
	Mailing Address 426 C. Street NE Rear Building	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20002	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Harry Reid	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Political Contributions

C.	Full Name (Last, First, Middle Initial) Grassley Committee Inc.	Transaction ID: SB23-EX493 Date of Disbursement 08 / 27 / 2010
	Mailing Address PO Box 1000	Amount of Each Disbursement this Period 3000.00
	City Des Moines State IA Zip Code 50304	
	Purpose of Disbursement	011 Category/Type
	Candidate Name Charles Grassley	
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Political Contributions

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	5000.00
<b>TOTAL</b> This Period (last page this line number only) .....	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 24

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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 PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Julie Lassa For Congress Mailing Address PO Box 112 City Stevens Point State WI Zip Code 54481 Purpose of Disbursement Candidate Name Joe Moakley Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-EX492 Date of Disbursement 07 / 27 / 2010
	Amount of Each Disbursement this Period 1000.00 Political Contributions
<b>B.</b> Full Name (Last, First, Middle Initial) Boxer Victory Fund Mailing Address 137 Entrada Drive Suite 3 City Santa Monica State CA Zip Code 90401 Purpose of Disbursement Candidate Name Barbara Boxer Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23-EX495 Date of Disbursement 09 / 08 / 2010
	Amount of Each Disbursement this Period 2500.00 Political Contributions

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3500.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>24000.00</b>