

**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)

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<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

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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
	Mailing Address PO Box 3176	<input type="text" value="09"/> / <input type="text" value="08"/> / <input type="text" value="2010"/>
	City Long Branch State NJ Zip Code 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Frank Pallone	<input type="text" value="011"/> Category/Type
	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
	Mailing Address 426 C. Street NE Rear Building	<input type="text" value="09"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Washington State DC Zip Code 20002	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name Harry Reid	<input type="text" value="011"/> Category/Type
	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
	Mailing Address PO Box 1000	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Des Moines State IA Zip Code 50304	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name Charles Grassley	<input type="text" value="011"/> Category/Type
	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) .....	<input type="text" value="5000.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>