

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee (Summary Page)

RECEIVED  
FEDERAL ELECTION  
COMMISSION MAIL ROOM

1. NAME OF COMMITTEE (in full)  
**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

ADDRESS (number and street)  Check if different than provided on report  
**5001 LBJ FREEWAY, SUITE 375**

CITY, STATE and ZIP CODE  
**DALLAS, TX 75244**

2. FEC IDENTIFICATION NUMBER  
**C00323659**

3.  This committee has qualified as a multiballot committee. (see FEC FORM 1M)

MAY 20 16 AM '98

## 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 <u>04/01/98</u> through <u>04/30/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 10,662.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,731.46	
(c) Total Receipts (from Line 19)	\$ 0.00	\$ 3,150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 12,731.46	\$ 13,812.42
7. Total Disbursements (from Line 30)	\$ 171.28	\$ 1,252.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	\$ 12,560.18	\$ 12,560.18
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  
880 E Street, NW  
Washington, DC 20463  
Toll Free 800-424-8630  
Local 202-219-3420

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  
**EVELYN IRELAND**

Signature of Treasurer



Date

5-11-98

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 9/93)

FE4AN101

**DETAILED SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS  
PAGE 2, FEC FORM 3X**

(revised 1/1/91)

NAME OF COMMITTEE NATIONAL ASSN OF DENTAL PLANS (NADPAC)	REPORT COVERING PERIOD FROM 04/01/98 TO 04/30/98	
	COLUMN A Total This Period	COLUMN B Calendar Year
<b>I. Receipts</b>		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	0.00	1,500.00
ii. Unitemized	0.00	650.00
iii. Total (add i and ii)	0.00	2,150.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	1,000.00
d. Total Contributions (add a iii, b and c)	0.00	3,150.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets to Operating Expenditures (Refunds, Rebates, etc.)	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates & Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18)	0.00	3,150.00
20. Total Federal Receipts (subtract line 18 from line 19)	0.00	3,150.00
<b>II. Disbursements</b>		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share	0.00	0.00
ii. Non-Federal Share	0.00	0.00
b. Other Federal Operating Expenditures	71.28	152.24
c. Total Operating Expenditures (add a i, a ii, and b)	71.28	152.24
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	100.00	1,100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
26. Loan Repayments Made	0.00	0.00
27. Loans Made	0.00	0.00
28. Refunds of Contributions To:		
a. Individual/Persons Other Than Political Committees	0.00	0.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	0.00
d. Total Contribution Refunds (add a, b and c)	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29)	171.28	1,252.24
31. Total Federal Disbursements (subtract line 21 a ii from line 30)	171.28	1,252.24
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from line 11d)	0.00	3,150.00
33. Total Contribution Refunds (from line 28d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	0.00	3,150.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b)	71.28	152.24
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures (subtract line 36 from 35)	71.28	152.24

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

Use separate schedule for each category of the Detailed Summary Page

PAGE 1 OF 1

FOR LINE NUMBER 21B

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)

**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMERICA BANK P.O. BOX 75000 DETROIT, MI 482752250	MARCH MERCHANT CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/02/98	40.00
COMERICA BANK P.O. BOX 75000 DETROIT, MI 482752250	APRIL MERCHANT CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/02/98	31.28
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) .....	71.28
TOTAL This Period (last page this Line number only) .....	71.28

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 1 OF 4

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)

**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
COMMITTEE TO RE-ELECT LORETTA SANCHEZ 444 S. OCCIDENTAL BLYD #421 LOS ANGELES, CA 90057	LORETTA SANCHEZ U S CONGRESS CA046 Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/03/98	100.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional) ..... 100.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 2 OF 4

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 collect contributions from such committee.

NAME OF COMMITTEE (in Full)

**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
EARL POMEROY FOR CONGRESS P.O. BOX 746 BISMARCK, ND 58502	EARL R. POMEROY (J) U S CONGRESS ND001	04/20/98	500.00
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other:		
EARL POMEROY FOR CONGRESS P.O. BOX 746 BISMARCK, ND 58502	EARL R. POMEROY (J) U S CONGRESS ND001	04/20/98	500.00-
	Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General Other: VOID CHECK AND RE-ISSUE		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General Other:		

SUBTOTAL of Disbursements This Page (optional) ..... .00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 3 OF 4

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)

**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CONGRESSMAN JOE BARTON COMMITTEE P.O. BOX 1444 ENNIS, TX 75120	JOE BARTON U S CONGRESS TX006	04/20/98	1,000.00
	Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> 98 General		
	Other:		
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
CONGRESSMAN JOE BARTON COMMITTEE P.O. BOX 1444 ENNIS, TX 75120	JOE BARTON U S CONGRESS TX006	04/20/98	1,000.00-
	Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General		
	Other: VOID CHECK AND RE-ISSUE		
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
	Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General		
	Other:		
SUBTOTAL of Disbursements This Page (optional) .....			.00

**SCHEDULE B**

**ITEMIZED DISBURSEMENTS**

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

PAGE 4 OF 4

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)


**NATIONAL ASSN OF DENTAL PLANS (NADPAC)**

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement this Period
FRIENDS OF JENNIFER B. DUNN P.O. BOX 40110 BELLEVUE, WA 98004	JENNIFER B. DUNN U S CONGRESS WA008 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	04/20/98	500.00
FRIENDS OF JENNIFER B. DUNN P.O. BOX 40110 BELLEVUE, WA 98004	JENNIFER B. DUNN U S CONGRESS WA008 Disbursement for: <input checked="" type="checkbox"/> 98 Primary <input type="checkbox"/> General <input type="checkbox"/> Other: VOID CHECK AND RE-ISSUE	04/20/98	500.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Date (month, day, year)	Amount of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional) .....			.00
TOTAL This Period (last page this line number only) .....			100.00

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.

<input checked="" type="checkbox"/> Hand Delivered	Date of Receipt 5-20-98
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark tilegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other ( Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	5-20-98 DATE PREPARED