

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
National Assn. of Dental Plans Political Action Committee

ADDRESS (number and street) 12700 Park Central Drive
Suite 400
Dallas TX 75251
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00323659 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2019 through [MM] / [DD] / [YYYY] 06 / 30 / 2019

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Ireland, Evelyn F., , ,

Type or Print Name of Treasurer _____

Signature of Treasurer Ireland, Evelyn F., , , [Electronically Filed] Date [MM] / [DD] / [YYYY] 07 / 19 / 2019

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

National Assn. of Dental Plans Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		27596.73
(b) Cash on Hand at Beginning of Reporting Period.....	27596.73	
(c) Total Receipts (from Line 19)	2374.96	2374.96
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29971.69	29971.69
7. Total Disbursements (from Line 31).....	10000.00	10000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	19971.69	19971.69
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	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

National Assn. of Dental Plans Political Action Committee

Report Covering the Period: From: / / To: / /

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).....	1733.32	1733.32
(ii) Unitemized	641.64	641.64
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2374.96	2374.96
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2374.96	2374.96
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.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2374.96	2374.96
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2374.96	2374.96

DETAILED SUMMARY PAGE

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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) Individuals/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 Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	2374.96	2374.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2374.96	2374.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 OF 9
<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)
National Assn. of Dental Plans Political Action Committee

A. Ireland, Evelyn, F, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 362 Rio Bravo Dr
 City Fairview State TX Zip Code 75069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) National Association of Dental Plans Occupation (for Individual) Executive Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 10 / 2019**
Transaction ID : 11661354
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Almquist, Stacia, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 22114 West 52nd Street
 City Shawnee State KS Zip Code 66226
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sun Life Financial Occupation (for Individual) VP Dental & Vision
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 22 / 2019**
Transaction ID : 11692455
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Lentine, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 33604 Jefferson Ave
 City Saint Clair Shores State MI Zip Code 48082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dencap Dental Plans Occupation (for Individual) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **01 / 25 / 2019**
Transaction ID : 11704112
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 7 OF 9
<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

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NAME OF COMMITTEE (In Full)
National Assn. of Dental Plans Political Action Committee

A. Ireland, Evelyn, F, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 362 Rio Bravo Dr

City Fairview	State TX	Zip Code 75069
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) National Association of Dental Plans	Occupation (for Individual) Executive Director
---------------------------------------------------------------------------	---------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	09	/	2019

Transaction ID : 11827498

Amount of Each Receipt this Period
250.00

Memo Item

B. Almquist, Stacia, N, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 22114 West 52nd Street

City Shawnee	State KS	Zip Code 66226
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sun Life Financial	Occupation (for Individual) VP Dental & Vision
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	17	/	2019

Transaction ID : 11841075

Amount of Each Receipt this Period
250.00

Memo Item

C. Lentine, Joseph, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 33604 Jefferson Ave

City Saint Clair Shores	State MI	Zip Code 48082
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dencap Dental Plans	Occupation (for Individual) President
----------------------------------------------------------	------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	23	/	2019

Transaction ID : 11846579

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 8 OF 9
<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

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NAME OF COMMITTEE (In Full)
National Assn. of Dental Plans Political Action Committee

A. Nace, Joshua, D, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4815 Lakeridge Dr E

City Lake Tapps	State WA	Zip Code 98391
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Dental Health Services	Occupation (for Individual) Executive Vice President
-------------------------------------------------------------	---------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	26	/	2019

Transaction ID : 11849099

Amount of Each Receipt this Period
150.00

Memo Item

B. Wright, Sue, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13405 176th Street

City Omaha	State NE	Zip Code 68130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lincoln Financial Group	Occupation (for Individual) AVP, Dental & Vision Product Operatio
--------------------------------------------------------------	----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
208.30

Date of Receipt

M M	/	D D	/	Y Y Y Y
05	/	20	/	2019

Transaction ID : 11930934

Amount of Each Receipt this Period
41.66

Memo Item

C. Wright, Sue, R., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 13405 176th Street

City Omaha	State NE	Zip Code 68130
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Lincoln Financial Group	Occupation (for Individual) AVP, Dental & Vision Product Operation
--------------------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
249.96

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	18	/	2019

Transaction ID : 12007396

Amount of Each Receipt this Period
41.66

Memo Item

SUBTOTAL of Receipts This Page (optional).....	233.32
TOTAL This Period (last page this line number only).....	1733.32

**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"/> 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)
National Assn. of Dental Plans Political Action Committee

A. Capito For West Virginia

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 11519

City Charleston State WV Zip Code 25339

Purpose of Disbursement Direct Contribution

Candidate Name **Capito, Shelley Moore, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: WV District:

Date of Disbursement: 05 / 15 / 2019

FEC Identification Number: C00539825
Transaction ID : 11887001

Amount of Each Disbursement this Period: 5000.00

Direct Contribution Memo Item

B. Tina Smith For Minnesota

Full Name (Last, First, Middle Initial)
Mailing Address P.O. Box 14362

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement Direct Contribution

Candidate Name **Smith, Tina, , Sen.,**

Office Sought: House Senate President

Disbursement For: 2020 Primary General Other (specify) ▼

State: MN District:

Date of Disbursement: 05 / 15 / 2019

FEC Identification Number: C00663781
Transaction ID : 11887002

Amount of Each Disbursement this Period: 5000.00

Direct Contribution Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

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

10000.00

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

10000.00