

Comerica Bank

RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

SEP 22 10 10 AM '98

September 21, 1998

Mr. John D. Gibson, Report Analyst
Public Records Office
Federal Election Commission
999 E. Street, NW
Washington, DC 20463

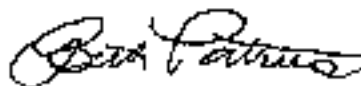
Re: ID# C00323659 - National Association of Dental Plans (NADPAC)

Dear Mr. Gibson:

Enclosed please find a copy of the original Report of Receipts and Disbursements report Air Borne to the Federal Election Commission on August 19, 1998. I have also enclosed a copy of the Airborne label.

We apologize for any inconvenience this may have caused. Should you have any questions, please contact me at (248) 371-7269.

Sincerely,



Beth Patrus
PAC Account Analyst
PAC Services
P.O. Box 75000
Detroit, MI 48275-2250

enclosure
cc: Evelyn Ireland

FROM (Company)
COMERICA
 Street Address
3701 HAMLIN RD
 City State ZIP CODE (Required)
AUBURN HILLS MI 48326
 Phone Number
248 371-7268

TO (Company)
FEDERAL ELECTION COMMITTEE
 Street Address
999 E SE N W
 City State ZIP CODE (Required)
WASHINGTON DC 20463
 Attention: (Name/Dept)
PUBLIC RECORD OFC
 Description
FEC'S

THANK YOU FOR SHIPPING WITH AIRBORNE EXPRESS
 Sender's Signature
S. Skaggs
 Receiver Signature
 Date
8/19/98

Prepaid Form No. | Origin Area Number
72350237 TRY 6484878374
 Method of Payment
 Bill Sender * **16932412**
 Bill Receiver * **154892432**
 Bill 3rd Party *
 Paid in Advance *
 Billing Preference (if sender no choice)

NO. OF PAGES
002 91925
 CHECK IF
 Letter Parcel
 Suburban Delivery Hold at Address
 Lab Pack
 Special Instructions
 Dispatch Unit Full Insurance Signature Validation
 Registered Drop Box Airborne Terminal

Service Type
 Can you Post in Office up to 11 AM?
 Yes No
 Can you Post in Office after 11 AM?
 Yes No
 Can you Post in Office after 5 PM?
 Yes No
 Can you Post in Office after 8 PM?
 Yes No
 Can you Post in Office after 10 PM?
 Yes No

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REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee
(Summary Page)

RECEIVED
FEDERAL ELECTION
COMMISSION
FILE
SEP 22 10 10 AM '98

1. NAME OF COMMITTEE (in full) NATIONAL ASSN OF DENTAL PLANS (NADPAC)		2. FEC IDENTIFICATION NUMBER CD0323559
ADDRESS (number and street) <input type="checkbox"/> Check if different than previously reported 5001 LBJ FREEWAY, SUITE 375		
CITY, STATE and ZIP CODE DALLAS, TX 75244		
3. <input checked="" type="checkbox"/> This committee has qualified as a multicandidate committee. (see FEC FORM 1M)		

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>07/01/98</u> through <u>07/31/98</u>		
6. (a) Cash on Hand January 1, 1998		\$ 10,652.42
(b) Cash on Hand at Beginning of Reporting Period	\$ 12,500.18	
(c) Total Receipts (from Line 19)	\$ 1,750.00	\$ 4,900.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	\$ 14,250.18	\$ 15,562.42
7. Total Disbursements (from Line 30)	\$ 30.00	\$ 1,342.24
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).	\$ 14,220.18	\$ 14,220.18
9. Debts and Obligations Owed TO the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9630 Local 202-219-3420
10. Debts and Obligations Owed BY the Committee (itemize all on Schedule C and/or Schedule D)	\$ 0.00	
<i>I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.</i>		

Type or Print Name of Treasurer EVELYN IRELAND	Date 8-2-98
Signature of Treasurer 	

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

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 07/01/98 TO 07/31/98	
	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees		
i. Itemized (use Schedule A)	1,750.00	3,250.00
ii. Unitemized	0.00	650.00
iii. Total	1,750.00	3,900.00
b. Political Party Committees	0.00	0.00
c. Other Political Committees (such as PACs)	0.00	1,000.00
d. Total Contributions	1,750.00	4,900.00
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	1,750.00	4,900.00
20. Total Federal Receipts	1,750.00	4,900.00
II. Disbursements		
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	30.00	242.24
c. Total Operating Expenditures	30.00	242.24
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	0.00	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. 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	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Total Disbursements	30.00	1,342.24
31. Total Federal Disbursements	30.00	1,342.24
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) (from line 11 d)	1,750.00	4,900.00
33. Total Contribution Refunds (from line 28 d)	0.00	0.00
34. Net Contributions (other than loans) (subtract line 33 from 32)	1,750.00	4,900.00
35. Total Federal Operating Expenditures	30.00	242.24
36. Offsets to Operating Expenditures (from line 15)	0.00	0.00
37. Net Operating Expenditures	30.00	242.24

SCHEDULE A

ITEMIZED RECEIPTS

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	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
DAVID KLOCK 8940 RIDGEMONT DR. ATLANTA, GA 30350	NAT'L. ASSOC. DENTAL PLAN	07/27/98	1,000.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation BOARD MEMBER	Aggregate Year-to-Date > \$ 1,000.00	
B. Full Name, Mailing Address and ZIP Code PHYLLIS KLOCK 8940 RIDGEMONT DR. DUNWOODY, GA 30350	NAT'L ASSOCIATION OF DENT	07/30/98	500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation EXECUTIVE VICE PRESIDENT	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code THOMAS C. MORIN 4560 MELBOURNE RD. INDIANAPOLIS, IN 46228	NATIONAL ASSOC. OF DENTAL PLANS	07/27/98	250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other: GENERAL CONTRIBUTION TO PAC	Occupation DIRECTOR OF MARKETING	Aggregate Year-to-Date > \$ 250.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	Occupation	Aggregate Year-to-Date > \$	
SUBTOTAL of Receipts This Page (optional)			1,750.00
TOTAL This Period (last page this line number only)			1,750.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) 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	MERCHANT CHARGE Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other:	07/01/98	30.00
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
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)			30.00
TOTAL This Period (last page this line number only)			30.00

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 <i>9-22-98</i>
<input type="checkbox"/> First Class Mail	POSTMARKED
<input type="checkbox"/> Registered/Certified Mail	POSTMARKED
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<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	
<i>SEU</i> PREPARER	<i>9-22-98</i> DATE PREPARED