

**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
 NATIONAL ASSN OF DENTAL PLANS (NADPAC)

ADDRESS (number and street) 8111 LBJ FREEWAY, SUITE 535
 Check if different than previously reported. (ACC) DALLAS TX 75244

2. **FEC IDENTIFICATION NUMBER** C00323659
 3. **IS THIS REPORT** X **NEW (N)** OR **AMENDED (A)**

4. **TYPE OF REPORT (Choose One)**
 (a) Quarterly Reports:
 April 15 Quarterly Report(Q1) Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 July 15 Quarterly Report(Q2) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 October 15 Quarterly Report(Q3) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)
 January 31 Quarterly Report(YE) Election on in the State of
 July 31 Mid-Year Report(Non-election Year Only) (MY) (d) 30-Day Post -Election Report for the: X General (30G) Runoff (30R) Special (30S)
 Termination Report (TER) Election on 11 05 2002 in the State of TX

5. Covering Period 10 17 2002 through 11 25 2002

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 Electronically Filed by EVELYN IRELAND Date 11 25 2002

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Revised 1/2001)

Page 2

Write or Type Committee Name
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Report Covering the Period: From: ^{Month} 10 ^{Day} 17 ^{Year} 2002 To: ^{Month} 11 ^{Day} 25 ^{Year} 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 ^{Year} 2002		12267.56
(b) Cash on Hand at Beginning of Reporting Period	7301.10	
(c) Total Receipts (from Line 19)	650.00	2950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7951.10	15217.56
7. Total Disbursements (from Line 30)	4023.85	11290.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3927.25	3927.25
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**

FEC Form 3X (Revised 1/2001)

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Write or Type Committee Name

NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Report Covering the Period: From: ^W10 ^D17 ^Y2002 To: ^W11 ^D25 ^Y2002

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	250.00	
(i) Itemized (use Schedule A)	400.00	
(ii) Unitemized	650.00	1950.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)		
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4)	650.00	2950.00
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.) (Carry Totals to Line 36, page 4)	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 Nonfederal Account for Joint Activity	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18)	650.00	2950.00
20. Total Federal Receipts (subtract Line 18 from Line 19)	650.00	2950.00

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	23.85	290.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	23.85	290.31
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4000.00	11000.00
24. Independent Expenditure (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 (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	4023.85	11290.31
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	4023.85	11290.31
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	650.00	2950.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	650.00	2950.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	23.85	290.31
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	23.85	290.31

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)				PAGE 5 / 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 (NADPAC)

Full Name (Last, First, Middle Initial)
A. CANDEE BOLYOG

Mailing Address
6210 CALLE BODEGA

City State Zip Code
CAMARILLO CA 93012-7167

Date of Receipt
M M / D D / Y Y Y Y
10 / 21 / 2002

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period
250.00

Name of Employer Occupation
GUARDIAN LIFE INSURANCE PRESIDENT, MDC GUARDIAN

Receipt For: Aggregate Year-to-Date ▼
Primary General
Other (specify) ▼ 250.00

Transaction ID: B0001736000004L11A1

B.

C.

SUBTOTAL of Receipts This Page (optional)	▶	250.00
TOTAL This Period (last page this line number only)	▶	250.00

**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)

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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial) A. COMERICA BANK		Date of Disbursement 11 / 15 / 2002
Mailing Address P.O. BOX 75000 City State Zip Code DETROIT MI 48275-2250		Amount of Each Disbursement this Period 23.85
Purpose of Disbursement BANK SERVICE CHARGE		Category/ Type
Candidate Name		
Office Sought: House Senate President State: District:	Disbursement For: Primary General Other (specify) ▼	Transaction ID: B000175S000001L21B

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	23.85
TOTAL This Period (last page this line number only)	▶	23.85

**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				

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NAME OF COMMITTEE (In Full)
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial) A. JOHNSON FOR CONGRESS COMMITTEE		Date of Disbursement 10 ^M / 29 ^D / 2002 ^Y
Mailing Address P.O. BOX 1986 City NEW BRITAIN State CT Zip Code 08050		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name NANCY JOHNSON	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: B000174S000003L23
State: CT District: 06		

Full Name (Last, First, Middle Initial) B. LINDSEY GRAHAM FOR SENATE		Date of Disbursement 10 ^M / 29 ^D / 2002 ^Y
Mailing Address P.O. BOX 1155 City SENECA State SC Zip Code 29679		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement	Candidate Name LINDSEY GRAHAM	24K Category/ Type
Office Sought: House <input checked="" type="checkbox"/> Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: B000174S000001L23
State: SC District:		

Full Name (Last, First, Middle Initial) C. BRADY FOR CONGRESS		Date of Disbursement 10 ^M / 29 ^D / 2002 ^Y
Mailing Address P.O. BOX 8277 City THE WOODLANDS State TX Zip Code 77387		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name KEVIN BRADY	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President	Disbursement For: 2002 Primary X General Other (specify) ▼	Transaction ID: B000174S000004L23
State: TX District: 08		

SUBTOTAL of Disbursements This Page (optional)	2000.00
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)

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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				

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NAME OF COMMITTEE (In Full)
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial) A. KAY GRANGER CAMPAIGN FUND		Date of Disbursement 10 / 29 / 2002
Mailing Address 910 HOUSTON STREET SUITE 105-C City State Zip Code FORT WORTH TX 76102		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name KAY GRANGER	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: TX District: 12	Transaction ID: B000174S000005L23	

Full Name (Last, First, Middle Initial) B. CITIZENS TO ELECT RICK LARSEN		Date of Disbursement 10 / 29 / 2002
Mailing Address P.O. BOX 328 City State Zip Code EVERETT WA 98208		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name RICK LARSEN	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: WA District: 02	Transaction ID: B000174S000002L23	

Full Name (Last, First, Middle Initial) C. ADAM SMITH FOR CONGRESS		Date of Disbursement 10 / 29 / 2002
Mailing Address P.O. BOX 23628 City State Zip Code FEDERAL WAY WA 98093		Amount of Each Disbursement this Period 500.00
Purpose of Disbursement	Candidate Name D. ADAM SMITH	24K Category/ Type
Office Sought: <input checked="" type="checkbox"/> House Senate President		
State: WA District: 08	Transaction ID: B000174S000007L23	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

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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

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NAME OF COMMITTEE (In Full)
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial) A. CUBIN FOR CONGRESS, INC.		Date of Disbursement 10 th / 29 th / 2002	
Mailing Address BOX 4657 City State Zip Code CASPER WY 82804		Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement		24K Category/ Type	
Candidate Name BARBARA CUBIN		Disbursement For: 2002 Primary X General Other (specify) ▼	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: WY District: 01	Transaction ID: 8000174S000006L23	

B.

C.

SUBTOTAL of Disbursements This Page (optional)	▶	500.00
TOTAL This Period (last page this line number only)	▶	4000.00