

**FEC
FORM 1**

**STATEMENT OF
ORGANIZATION**

(See instructions)

Office Use Only

1. NAME OF COMMITTEE (In full) (Check if name is changed) Example: If typing, type over the lines 12FE4M5
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

ADDRESS (Home or street) 8111 LBJ FREEWAY, SUITE 935
(Check if address is changed) DALLAS TX 75244
CITY STATE ZIP CODE

COMMITTEE'S E-MAIL ADDRESS
tbrown@nadp.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

2. DATE 08 / 06 / 2001

3. FEC IDENTIFICATION NUMBER C00323659

4. IS THIS STATEMENT X NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete

Type or Print Name of Treasurer EVELYN F. IRELAND

Signature of Treasurer Electronically Filed by EVELYN F. IRELAND Date 08 / 07 / 2001

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. 5437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

5. TYPE OF COMMITTEE (Check One)

- (a) This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate _____

Candidate	Office				State
Party Affiliation	Sought:	House	Senate	President	District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

- (d) This committee is a _____ (National, State (or subordinate) committee of the _____ (Democratic, Republican, etc.) Party.

- (e) This committee is a separate segregated fund

- (f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

NATIONAL ASSOCIATION OF DENTAL PLANS _____

Mailing Address _____ 8111 LBJ FREEWAY _____

_____ SUITE 935 _____

_____ DALLAS _____ TX _____ 75244 _____

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____ CONNECTED _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

Write or Type Committee Name

NATIONAL ASSN OF DENTAL PLANS (NADPAC)

7. **Custodian of Records:** Identify by name, address, (phone number -- optional), and position of the person in possession of Committee books and records.

Full Name **COMERICA BANK**

Mailing Address **PAC SERVICES - MC 2250**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **RECORDKEEPER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **248 371 7269**

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer **EVELYN F. IRELAND**

Mailing Address **8111 LBJ FREEWAY**
SUITE 935
DALLAS TX 75244 -

Title or Position ▼ **TREASURER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **972 458 6998**

Full Name of Designated Agent **MARTHA DENBAAS**

Mailing Address **COMERICA BANK - PAC SERVICES**
P.O. BOX 75000
DETROIT MI 48275 - 2250

Title or Position ▼ **RECORDKEEPER** CITY ▲ STATE ▲ ZIP CODE ▲
 Telephone number **248 371 7269**

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

COMERICA BANK

Mailing Address

P.O. 75000

DETROIT

MI

48275 - 2250

CITY Δ

STATE Δ

ZIP CODE Δ