

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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COMMISSION MAIL ROOM

Aug 7 11 23 AM '97

1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) California Dental Political Action Committee- Federal Fund	2. DATE 7/31/97
(b) Number and Street Address <input type="checkbox"/> (Check if address is changed) 1201 K Street	3. FEC Identification Number C00005751
(c) City, State and ZIP Code Sacramento, CA 95814	4. Is This Report An Amendment? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO

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 Party Affiliation | Office Sought | State/District |
|-------------------|-----------------------------|---------------|----------------|
- (c) This committee supports/opposes only one candidate _____ and is NOT an authorized committee.
(name of candidate)
- (d) This committee is a _____ committee of the _____ Party.
(National, State or subordinate) (Democratic, Republican, etc.)
- (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 a party committee.

8. Name of Any Connected Organization or Affiliated Committee	Mailing Address and ZIP Code	Relationship
California Dental Association	P.O. Box 13749 Sacramento, CA 95853-9981	Connected Organization
California Dental PAC - State	1201 K Street	Affiliated Committee
California Dental Independent Expenditure Committee	Sacramento, CA 95814	Affiliated Committee
American Dental PAC	1111 - 14th Street NW, 12th Floor Washington, DC 20005	Affiliated Committee

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

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	Mailing Address	Title or Position
Kenneth L. Zakariasen, D.D.S.	1201 K Street, Sacramento, CA 95814	Treasurer

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	Mailing Address	Title or Position
Kenneth L. Zakariasen, D.D.S.	1201 K Street, Sacramento, CA 95814	Treasurer
Mark Alcorn	1201 K Street, Sacramento, CA 95814	Assistant Treasurer

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.	Mailing Address and ZIP Code
River City Bank, 825 K Street, Sacramento, CA	95814
Bank of America, Capitol Branch #0430, 1130 K Street, Sacramento, CA	95814
Mercantile Bank, 455 Capitol Mall, Sacramento, CA	95814

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 Kenneth L. Zakariasen, D.D.S.	SIGNATURE OF TREASURER <i>Kenneth L. Zakariasen</i>	DATE 7/31/97
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

For further information contact:
Federal Election Commission
Toll-free 800-424-9530
Local 202-219-3420

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FEC FORM 1
(revised 4/87)

Federal Election Commission
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The Commission has added this page to the end of this filing to indicate how it was received.

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UW

PREPARER

8/4/97

DATE PREPARED