

Washington Dental Service is a member of the Delta Dental Plans Association

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2013 JUN 12 AM II: 43 FEC MAIL CENTER

VIA OVERNIGHT COURIER

June 10, 2013

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

Re:

Washington Dental Service Political Action Committee (C00532440)

Form 1 Statement of Organization - Amended

Ladies and Gentlemen:

Enclosed please find an Amended FEC Form 1 to reflect a change in the Custodian of Records. We look forward to receiving filing confirmation from you.

If you require additional information, please contact the undersigned at 206-528-2406 or via email at <u>jorenstein@deltadentalwa.com</u>.

Very truly yours,

Jane A. Orenstein
Custodian of Records

Jace a. Oreustein

Washington Dental Service Political Action Committee

Encl.

FEC FORM 1

STATEMENT OF ORGANIZATION

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FORM 1		OHOANIZ	Allon		FEC MAIL CENTE
1. NAME OF COMMITTEE (in	n full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5	
Washingto	n Den	tal Service Po	litical Action Com	mittee	
ADDRESS (number a	nd street)	9706 Fourth	Avenue		
(Check if an is changed)		Seattle		WA	98115 _ 2157
			CITY	STATE	ZIP CODE
COMMITTEE'S E-MA	address	SS (Please provide only one	e-mail address) deltadentalwa,cor	n	
COMMITTEE'S WEE	PAGE ADE	DRESS (URL)			
(Check if is change				11111	
2. DATE 06	3" ′ 1°0	° ′ 2 013			
3. FEC IDENTIFIC	CATION NL	IMBER C 0	0532440		
4. IS THIS STATE	MENT	NEW (N) OR	AMENDED (A)		
I certify that I have of		Sean Pickar	st of my клоwledge and pelief it	is true, correct a	and complete.
Signature of Treasure	<	Se P!	2.	_{Date} Ö6 [™]	′ 10° ′ 20′13
NOTE: Submission of		•	n may subject the person signing the		the penalties of 2 U.S.C. §437g.
Office Use Only			For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 02/2009)

	FEC	Form 1 (Revised 02/2009)	Page 2
•		COMMITTEE	
		te Committee: 1	
	(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. (Cor information below.)	mplete the candidate
	Name of Candidate		
	Candidate Party Affil	Office Sought: House Senate President	State
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	District
	Name of Candidate		
	Party C	ommittee:	
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Politica	Action Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
	_	Corporation Corporation w/o Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	·
	(f) [This committee supports/opposes more than one Federal candidate, and is NOT a separate s	segregated fund or party
	`' L	committee. (i.e., rionconnected committee)	,
		In addition, this committee is a Lobbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fu	ndralsing Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate	
	(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for t committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	C	mmittees Participating in Joint Fundraiser	
	1.		
	١.		•
	2.	FEC II) number C	
	3.	FEC ID number C	
	4		• •

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Write or Type Committee Name	rage 3
Washington Dental Service Political Action Committee	
6. Name of Any Connected Organization, Affiliated Committee, Joint Fündralsing Representative, or Le	eadership PAC Sponsor
	
	
Mailing Address	
CITY STATE	ZIP CODE
Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Identify by name, address (phone number optional) and position of the person books and records. 	in possession of committee
Jane A. Orenstein	
Mailing Address 9706 Fourth Avenue NE	
<u> </u>	
Seattle WA 9	98115 ₋ 2157
Title or Position CITY STATE	ZIP CODE
Custodian of Records Telephone number [206]	<u> - [528 - [2406 </u>
8. Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and any designated agent (e.g., assistant treasurer).	the name and address of
Full Name of Treasurer	
Mailing Address	
CITY STATE	ZIP CODE
Title or Position Telephone number	ا-لـــا-لـــــا

FEC Form 1 (R	evised 02/2009)		Page 4
120101111111111111111111111111111111111	0111000		
Full Name of Designated Agent			
Mailing Address			
	СПУ	STATE	ZIP CODE
Title or Position			
	Telephone Telephone	number	
safety deposit boxes of Name of Bank, Deposi		mittee deposits	funds, holds accounts, rents
safety deposit boxes of	r maintains funds.	mittee deposits	funds, holds accounts, rents
safety deposit boxes of	r maintains funds.	mittee deposits	funds, holds accounts, rents
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safety deposit boxes of Name of Bank, Deposit	r maintains funds. itory, etc.	mittee deposits	runds, holds accounts, rents
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safety deposit boxes of Name of Bank, Deposit Mailing Address Name of Bank, Deposit	r maintains funds. itory, etc.		ZIP CODE

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. **Date of Receipt Hand Delivered Postmarked USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified **Postmarked USPS Priority Mail** Delivery Confirmation™ or Signature Confirmation™ Label Postmarked **USPS Express Mail** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): 45 Next Business Day Delivery -Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office **Date of Receipt** Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify): **PREPARER** DATE PREPARED

(3/2005)