

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

Delta Dental Plans Association PAC

ADDRESS (number and street) 1515 W 22nd Street
 (Check if address is changed) Suite 450
Oak Brook IL 60523
CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) jdaughn@deltadental.com
Optional Second E-Mail Address
fecinfo@pass1.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 11 / 16 / 2017

3. FEC IDENTIFICATION NUMBER ▶ C C00213819

4. IS THIS STATEMENT 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 Quinn, Samantha, , ,

Signature of Treasurer Quinn, Samantha, , , [Electronically Filed] Date 11 / 16 / 2017

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.

5. TYPE OF COMMITTEE

Candidate Committee:

- (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: House Senate President State
 District

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

Name of Candidate _____

Party Committee:

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

Political Action Committee (PAC):

- (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected 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 segregated fund or party committee. (i.e., nonconnected committee)
 - In addition, this committee is a Lobbyist/Registrant PAC.
 - In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political 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 two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1. _____ FEC ID number C _____
2. _____ FEC ID number C _____
3. _____ FEC ID number C _____
4. _____ FEC ID number C _____

Write or Type Committee Name

Delta Dental Plans Association PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Delta Dental Plans Association

Mailing Address 1515 W 22nd Street
 Suite 450
 Oak Brook IL 60523
 CITY STATE ZIP CODE

Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor

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 Quinn, Samantha, , ,
 Mailing Address 1515 W 22nd Street
 Suite 450
 Oak Brook IL 60523
 CITY STATE ZIP CODE
 Title or Position
 Custodian of Records Telephone number 630 574 6851

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 Quinn, Samantha, , ,
 Mailing Address 1515 W 22nd Street
 Suite 450
 Oak Brook IL 60523
 CITY STATE ZIP CODE
 Title or Position
 Treasurer Telephone number 630 574 6851

Full Name of Designated Agent Pauls, Emily, , ,
Mailing Address 1515 W 22nd Street
Suite 250
Oak Brook IL 60523
CITY STATE ZIP CODE
Title or Position Assistant Treasurer Telephone number 630 574 6857

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.

The Northern Trust Company

Mailing Address 50 S. LaSalle Street
Chicago IL 60675
CITY STATE ZIP CODE

Name of Bank, Depository, etc.

Mailing Address
CITY STATE ZIP CODE

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F1A
Transaction ID :

This registration is being amended to replace the Treasurer and Custodian of Records, Chuck Stich, with Samantha Quinn. The Assistant Treasurer, Samantha Quinn, is being replaced with Emily Pauls. Please update your records accordingly.

Form/Schedule:
Transaction ID: