

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 Political Action Committee (NADPAC)

ADDRESS (number and street)

12700 Park Central Drive

Suite 400

(Check if address is changed)

Dallas

TX

75251

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

slming@comerica.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

2. DATE

11 / 13 / 2008

3. FEC IDENTIFICATION NUMBER

C C00323659

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

Evelyn F. Ireland

Signature of Treasurer

Electronically Filed by Evelyn F. Ireland

Date

11 / 13 / 2008

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. S437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS

Office Use Only

For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100

FEC FORM 1 (Revised 12/2007)

5. TYPE OF COMMITTEE (Check One)

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
- (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 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 _____
5. _____	FEC ID number	C _____

Write or Type Committee Name

National Assn. of Dental Plans Political Action Committee (NADPAC)

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

National Association of Dental Plans

Mailing Address **12700 Park Central Drive**
Suite 400
Dallas TX 75251
CITY ▲ STATE ▲ ZIP CODE ▲

Relationship:

Connected Organization Affiliated Committee Leadership PAC Sponsor Joint Fundraising Representative

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, PAC Services**
Mailing Address **P.O. Box 75000**
MC2250
Detroit MI 48275 - 2250
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Recordkeeper** Telephone number **248 - 371 - 7268**

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 **12700 Park Central Drive**
Suite 400
Dallas TX 75251
CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼ **Treasurer** Telephone number **972 - 458 - 6998**

Full Name of Designated Agent

James Hoerberling

Mailing Address

Comerica Bank, PAC Services

P.O. Box 75000, MC 2250

Detroit

MI

48275 - 2250

Title or Position

CITY

STATE

ZIP CODE

PAC Manager

Telephone number

248

371

5562

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. Box 75000

MC2250

Detroit

MI

48275

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE