



RECEIVED
FEDERAL ELECTION
COMMISSION MAIL ROOM

JAN 5 11 28 AM '98

December 30, 1997

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Dear Filing Officer:

Enclosed please find two copies of the California Dental PAC Statement of Organization FEC FORM 1 which is being sent to you certified mail, return receipt requested.

Please endorse this transmittal letter as acknowledgment of receipt and return it in the preaddressed, stamped envelope provided.

Sincerely,

Lee DaCosta
CalDPAC Assistant

Enclosure

c: Secretary of State, CA

1200 K Street

15th Floor

Sacramento

California

95814

F:\merrill\ec\ca

916. 443. 0505

916. 443. 2043 FAX

STATEMENT OF ORGANIZATION

(See reverse side for instructions)

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1. (a) NAME OF COMMITTEE IN FULL <input type="checkbox"/> (Check if name is changed) California Dental Association Political Action Committee-Federal Fund	2. DATE 12/30/97
(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.

6. 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
Type of Connected Organization <input type="checkbox"/> Corporation <input type="checkbox"/> Corporation w/o Capital Stock <input type="checkbox"/> Labor Organization <input type="checkbox"/> Membership Organization <input type="checkbox"/> Trade Association <input type="checkbox"/> 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
R. Kent Farnsworth, 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
R. Kent Farnsworth, D.D.S.,	1201 K Street, Sacramento, CA 95814	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 R. Kent Farnsworth, D.D.S.	SIGNATURE OF TREASURER 	DATE 12/30/97
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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 202-219-3429


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FEC FORM 1
(revised 4/87)

Federal Election Commission

**ENVELOPE REPLACEMENT PAGE
FOR INCOMING DOCUMENTS**

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

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> First Class Mail	POSTMARKED
<input checked="" type="checkbox"/> Registered/Certified Mail	POSTMARKED 12-30-97
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> Received from the House office of Records and Registration	Date of Receipt
<input type="checkbox"/> Received from the Senate Office of Public Records	Date of Receipt
<input type="checkbox"/> Other (Specify):	Postmarked and/or Date of Receipt
<input type="checkbox"/> Electronic Filing	
 PREPARER	1-5-98 DATE PREPARED