

**FEC  
FORM 3X**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
 NATIONAL ASSN OF DENTAL PLANS (NADPAC)

ADDRESS (number and street) 5001 LBJ FREEWAY, SUITE 375  
 Check if different than previously reported. (ACC) DALLAS TX 75244

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C00323659

3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
 (a) Quarterly Reports:  
 Feb 20 (M2) May 20 (M5)  Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (M13)  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
 (b) Monthly Report Due On:  
 (c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R)  
 Convention (12C) Special (12S)  
 Election on in the State of  
 (d) 30-Day Post-Election Report for the: General (30G) Runoff (30R) Special (30S)  
 Election on in the State of

5. Covering Period 07 01 2001 through 07 31 2001

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer EVELYN IRELAND

Signature of Treasurer Electronically Filed by EVELYN IRELAND Date 08 06 2001

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

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Page 2

Write or Type Committee Name  
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Report Covering the Period: From: <sup>h</sup>07 <sup>D</sup>01 <sup>v</sup>2001 To: <sup>h</sup>07 <sup>D</sup>31 <sup>v</sup>2001

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <sup>v</sup> 2001		3773.57
(b) Cash on Hand at Beginning of Reporting Period .....	5813.26	
(c) Total Receipts (from Line 19) .....	1000.00	6950.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	6813.26	10723.57
7. Total Disbursements (from Line 30) .....	22.68	3932.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	6790.58	6790.58
9. Debts and Obligations owed TO the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

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

Toll Free 800-420-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

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Page 3

Write or Type Committee Name

NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Report Covering the Period: From: <sup>MM</sup>07 <sup>DD</sup>01 <sup>YYYY</sup>2001 To: <sup>MM</sup>07 <sup>DD</sup>31 <sup>YYYY</sup>2001

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	0.00	
(ii) Unitemized .....	0.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	3400.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 32, page 4) .....	1000.00	6900.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....	0.00	50.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Nonfederal Account for Joint Activity .....	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	1000.00	6950.00
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	1000.00	6950.00

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	22.68	432.99
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	22.68	432.99
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3500.00
24. Independent Expenditure (use Schedule E).....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees.....	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... ▶	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29)..... ▶	22.68	3932.99
31. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30)..... ▶	22.68	3932.99
<hr/>		
<b>III. Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) from Line 11(d), page 3).....	1000.00	6900.00
33. Total Contribution Refunds (from Line 28(d)).....	0.00	0.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32).....	1000.00	6900.00
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))..... ▶	22.68	432.99
36. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	50.00
37. Net Operating Expenditures (subtract Line 36 from Line 35)..... ▶	22.68	382.99

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)			PAGE 5 / 6		
	<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input checked="" type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial)  
A. SIGMA CORPORATION

Mailing Address  
POLITICAL ACTION COMMITTEE 165D MARKERT STREET

City State Zip Code  
PHILADELPHIA PA 19192-1570

Date of Receipt  
M M / D D / Y Y Y Y  
07 / 02 / 2001

FEC ID number of contributing federal political committee.

Amount of Each Receipt this Period  
1000.00

Name of Employer Occupation

Receipt For: Aggregate Year-to-Date ▼  
Primary General  
Other (specify) ▼ 1000.00

Transaction ID: B000145S000001L11C

B.

C.

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	<b>1000.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>1000.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 / 6

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26	<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29
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NAME OF COMMITTEE (In Full)  
NATIONAL ASSN OF DENTAL PLANS (NADPAC)

Full Name (Last, First, Middle Initial) <b>A. COMERICA BANK</b>		Date of Disbursement 07 <sup>N</sup> / 26 <sup>M</sup> / 2001 <sup>Y</sup>	
Mailing Address P.O. BOX 75000		Amount of Each Disbursement this Period 22.68	
City DETROIT	State MI	Zip Code 48275-2250	
Purpose of Disbursement BANK SERVICE CHARGE		Category/ Type	
Candidate Name			
Office Sought: House Senate President	Disbursement For: Primary      General Other (specify) ▼		
State:	District:	Transaction ID: B000146S000001L21B	

**B.**

**C.**

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	▶	<b>22.68</b>
<b>TOTAL</b> This Period (last page this line number only) .....	▶	<b>22.68</b>