Image# 14960622885					PAGE 1 / 8
	PORT OF R ND DISBURS Other Than An Autho	EMENTS	S	0	
1. NAME OF TYP	E OR PRINT V	Example: If typin	ng, type	12FE4M5	fice Use Only
COMMITTEE (in full)		over the lines.		12FE4M5	
National Assn. of Dental F	Plans Political Action				
ADDRESS (number and street)	2700 Park Central Drive				
	uite 400				
them myouriously	allas				75251
2. FEC IDENTIFICATION NUMB	ER V CITY	•	S		ZIP CODE
C C00323659	3. IS T REP		IEW N) OR	AMEN (A)	DED
 4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20		May 20 (M5) Iun 20 (M6)	Aug 20 Sep 20	(M9) Dec 20 (M12) (Non-Election Dec 20 (M12)
April 15	Apr 20	(M4) J	lul 20 (M7)	Oct 20 (M10) Year Only) Jan 31 (YE)
Quarterly Report (Q1)	(c) 12-Day	Primary (12P)	General (120	G) Runoff (12R)
Quarterly Report (Q2) October 15	PRE-Election Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3) January 31	Election c	M M /	D . D /	Y Y Y Y Y	in the State of
Year-End Report (YE) July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election	General (30G	à)	Runoff (30R)	
Termination Report (TER)	Report for the: Election c	n /	D D /	Y Y Y Y Y	in the State of
5. Covering Period	01 / Y Y Y Y 01 2014	through	03	/ D D / Y 31	2014
I certify that I have examined this Re	eport and to the best of my	/ knowledge and b	pelief it is true	e, correct and co	omplete.
Type or Print Name of Treasurer	velyn F. Ireland				
Signature of Treasurer	reland	[Electronically	Filed] Da	ate 04	09 / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	or incomplete information m	nay subject the pers	son signing thi	s Report to the p	enalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3X Rev. 12/2004

04/09/2014 11 : 36

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

I	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
V	Vrite or Type Committee Name		
I	National Assn. of Dental Plans Po	litical Action Committee	
F	Report Covering the Period: From:	D1 01 7 Y Y Y Y 01 01 To:	M M / D D / Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014	[15630.13
	(b) Cash on Hand at Beginning of Reporting Period	15630.13	
	(c) Total Receipts (from Line 19)	10500.00	10500.00
	(d) Subtotal (add Lines 6(b) and6(c) for Column A and Lines6(a) and 6(c) for Column B)	26130.13	26130.13
7.	Total Disbursements (from Line 31)	1000.00	1000.00
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25130.13	25130.13
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 800-424-9530 Local 202-694-1100

×

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DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Assn. of Dental Plans Political Action Committee

	COLUMN A	COLUMN B
I. Receipts	Total This Period	Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	250.00	250.00
(i) Itemized (use Schedule A)	250.00	230.00
		050.00
(ii) Unitemized	7 250.00	250.00
(iii) TOTAL (add	500.00	500.00
Lines 11(a)(i) and (ii)	500.00	500.00
(b) Political Party Committees	0.00	0.00
(b) Political Party Committees (c) Other Political Committees		
(c) Other Political Committees (such as PACs)	10000.00	10000.00
(d) Total Contributions (add Lines	7 7 7	
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)	10500.00	10500.00
2. Transfers From Affiliated/Other		
Party Committees	0.00	0.00
	7 7	
B. All Loans Received	0.00	0.00
. Loan Repayments Received	0.00	0.00
5. Offsets To Operating Expenditures	7 7 7	
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
6. Refunds of Contributions Made	7 7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
7. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
3. Transfers from Non-Federal and Levin Funds 느		
(a) Non-Federal Account		
(from Schedule H3)	0.00	0.00
	, , , , , , , , , , , , , , , , , , , ,	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))	10500.00	10500.00
_		
). Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	10500.00	10500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)	of Disbursements	Page 4
II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))► Transfers to Affiliated/Other Party	0.00	0.00
Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	1000.00	1000.00
Independent Expenditures	0.00	0.00
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
	0.00	0.00
Loan Repayments Made		
Loans Made Refunds of Contributions To:	0.00	0.00
(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	0.00	0.00
(add Lines 28(a), (b), and (c))►		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	1000.00	1000.00
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	1000.00	1000.00
,		7 7

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DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
 Total Contributions (other than loans) (from Line 11(d), page 3) 	10500.00	10500.00
. Total Contribution Refunds (from Line 28(d))	0.00	0.00
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	10500.00	10500.00
. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	0.00	0.00
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X)

FOR LINE NUMBER:

PAGE

6 OF

8

		Use separate schedule(s)	(check only one)										
ILEIVIIZED NEVEIPIS		for each category of the Detailed Summary Page	×	11a 13		11b 14	11c	12	Г	17			
Any information copied from such Reports and or for commercial purposes, other than using	d Statements mather name and a	I ay not be sold or used by any p uddress of any political committee	erson fo	r the	pur ntrib	pose of	f soliciting	g contrib	utior ittee.	าร			
NAME OF COMMITTEE (In Full) National Assn. of Dental Plan	s Political A	Action Committee											
Full Name (Last, First, Middle Initial) A. Kristen Hathaway			Da	ate of	f Re	eceipt							
Mailing Address 635 West Redman Avenue				и м 01	1	03		2014	Y	1			
City Haddonfield	State NJ	Zip Code 08033		Frans		ion ID :	7965576 Receipt th	6	d	-			
FEC ID number of contributing federal political committee.	С					7		25	50.00)			
Name of Employer National Asso of Dental Plans	Occupation Governmer	nt Relations Director											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	1										
Full Name (Last, First, Middle Initial) B.			Da	ate of	f Re	eceipt							
Mailing Address				Л — М	1	DI	D / Y	Y Y	Y	1			
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FEC ID number of contributing federal political committee.	C					,	7						
Name of Employer	Occupation	1											
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼]										
Full Name (Last, First, Middle Initial)			Di	ate of	f Re	eceipt							
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Name of Employer	Occupation	I											
Receipt For: Primary General Other (specify)		Year-to-Date ▼]										
SUBTOTAL of Receipts This Page (optional).				-		5			0.00 0.00	Η.			

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page FOR LINE NUMBER:

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PAGE 7 OF

8

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or f	information copied from such Reports and State for commercial purposes, other than using the national states of the states of	ame and a	ddress of any political committee	to so	licit co	purp ntrib	utions	from suc	h commit	tee.								
\	NAME OF COMMITTEE (In Full)		_															
/	National Assn. of Dental Plans Po	olitical A	ction Committee															
	Full Name (Last, First, Middle Initial) MetLife Inc. Employees Political Participa	ation Fur	nd A		Date of Receipt													
-	Mailing Address 1095 Avenue Of The Americas			02 10 / Y Y Y Y 2014														
	City	State	Zip Code	Transaction ID : 8031936														
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Ī	Name of Employer	Dccupation																
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	Primary General Other (specify) ▼		5000.00															
	Full Name (Last, First, Middle Initial) Ameritas Life Insurance Corp Political	Action C	Committee		Date o	f Re	ceipt											
l	Mailing Address 5900 O. Street				м м 03	/	D 2		ү ү 2014	Y								
	City	State Zip Code							Transaction ID : 8161957									
-	Lincoln	NE	68510	_ '	Amoun	t of	Each	Receipt th	nis Perioo	ł								
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SCHEDULE B (FEC Form 3X)								P	AGE	8 () DF	8				
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the		ck	only o	only one)											
	Detailed Summary Page			21b	22 28a	X	23 28b	24	,	25 29		26 30b				
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National Assn. of Dental Plans Po	litical Action Commit	tee														
Full Name (Last, First, Middle Initial)					Date of		buroo	mont								
A. Alaskans For Begich 2014									V		V					
Mailing Address 1231 W Northern Lts #605					03 13 2014											
City	State Zip Code AK 99503			Transaction ID: 8070935												
Anchorage Purpose of Disbursement	AK 99503		_	Amount of Each Disbursement this Period												
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Sen. Mark P. Begich	ement For: 2014	Туре	е		-											
State: AK District:	Primary General Other (specify)															
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Purpose of Disbursement		_														
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Office Sought: House Disburse Senate President	ment For: Primary General Other (specify) ▼															
State: District:																
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State: District:	Other (specify)															
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