FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		IIZATION tructions)	Office was sub-
1. NAME OF COMMITTEE (in	(Check if nar is changed)	ne Example: If typying, type over the lines	Office use only  12FE4M5
ı Florida Dental	Political Action Committee		
	. 1111 Fact Town	nanna Strant	
ADDRESS (number and	street) 1111 East Tenne	essee street	
(Check if addr	ess		
is changed)	Tallahassee		FL 32308 -
		CITY▲	STATE▲ ZIP CODE ▲
COMMITTEE'S E-MA imoore@florid			
COMMITTEE'S WEB	PAGE ADDRESS (URL)		
		<u> </u>	
COMMITTEE'S FAX N 850-561-0504	NUMBER		
2. DATE 0.6			
3. FEC IDENTIFICA	ATION NUMBER	C C00013672	
4. IS THIS STATEM	MENT NEW (N)	OR X AMENDED (A)	
I certify that I have exami	ined this Statement and to the best of r	ny knowledge and belief it is true, correc	t and complete
Type or Print Name of	Treasurer Dr. Carlos S	Sanchez	
,			
Signature of Treasurer	Electronically Filed by <b>Dr. C</b>	arlos Sanchez	Date 06 / DD / YYYYY
NOTE: Submission of fa	·	on may subject the person signing this S	Statement to the penalties of 2 U.S.C. S437g.
Office Use Only		For further informating Federal Election Community Federal Election Community Federal 2012 694 4140	mission FEC FORM 1

	FECForm 1 (Revised 02/2003)	Page 2		
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 cainformation below.)	andidate		
	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			
		mocratic, publican,etc.) Party.		
	(e) This committee is a separate segregated fund			
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fur committee.	nd or party		
6.	Name of Any Connected Organization or Affiliated Committee  Florida Dental Association, Inc.			
L	Fiorida Dental Association, inc.			
	1111 East Tennessee Street			
	Mailing Address			
	Tallahassee FL 323	<u> </u>		
	CITY▲ STATE▲ Z	IP CODE A		
	Relationship Connected			
	Type of Connected Organization:			
	Corporation Corporation w/o Capital Stock Labor Organization	on		
	X Membership Organization Trade Association Cooperative			

FEC FC	orm 1 (Revised 02/	2003)			Pa	ige <b>3</b>
Write or Type C	Committee Name					
Florida D	ental Political A	Action Committee				
		ntify by name, address, (phone number books and records.	optional), and posi	tion of th	e person in	
Full Name	Jack A.	Moore				
Mailing Add	ress	1111 East Tennessee Str	eet			
		Tallahassee	FL		32308 _	_
Title or Posit	tion 🔻	CITY A	STAT	E▲	ZIP COI	DE A
	CFO		Telephone number	850	681	3629
Mailing Addı	ress	2510 SW 27th Avenue				
		Miami			33133 _	
Title or Posit	tion ♥	CITY A	STAT	E▲	ZIP CO	DE A
	Treasurer		Telephone number	305	443	
Full Name o Designated Agent						3131
•		s Starkey, DMD				3131
Mailing Addı	Douglas	Starkey, DMD  1120 N Olive Avenue				3131
-	Douglas	<u> </u>			33401 _	3131
-	Douglas	1120 N Olive Avenue			33401 _ ZIP COI	
Mailing Addı	Douglas	1120 N Olive Avenue  West Palm Beach  CITY				

	FEC Form 1 (Revised 02	2/2003)	Page 4
9.	Banks or Other Depositories safety deposit boxes or maintain	·	ounts, rents
	Name of Bank, Depository, etc.		
	People	s's First Community Bank	
	Mailing Address	107 East College Avenue	
		Tallahassee FL 3	2301
		CITY △ STATE △	ZIP CODE △

## Image# 27990182239

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Form/Schedule:F1A	Amendment# 1 - This statement of organization is to report the change in officers for FLADPAC.
Transaction ID:	
*******	***************************************