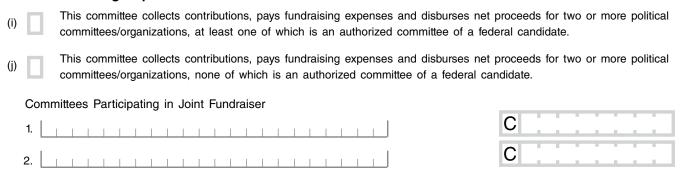
Image# 202406109648919357			06/10/2024 14 : 09
FEC FORM 1	STATEMENT OF ORGANIZATION		PAGE 1 / 5
		Offi	ce Use Only
1. NAME OF COMMITTEE (in full)	(Check if name Example: If typing, type is changed) over the lines.	12FE4M5	
Delta Dental Plans	Association PAC		
ADDRESS (number and street)	222 W. Merchandise Mart Plaza		
(Check if address is changed)	Suite #631		
	CITY ▲	LIL 6065 STATE ▲	i4 − [ZIP CODE ▲
COMMITTEE'S E-MAIL ADDRE	SS		
(Check if address is changed)	jdaughn@deltadental.com		
	Optional Second E-Mail Address fecinfo@pass1.com		
COMMITTEE'S WEB PAGE AD	DRESS (URL)		
(Check if address is changed)	None		
2. DATE 06 / 10			
3. FEC IDENTIFICATION NU	JMBER ► C C00213819		
4. IS THIS STATEMENT	NEW (N) OR × AMENDED (A)		
I certify that I have examined th	nis Statement and to the best of my knowledge and belief	it is true, correct and	complete.
Type or Print Name of Treasure	r Quinn, Samantha, , ,		
Signature of Treasurer Quin	n, Samantha, , ,	Date 06	10 / Y Y Y Y Y 2024
NOTE: Submission of false, errone	eous, or incomplete information may subject the person signing ANY CHANGE IN INFORMATION SHOULD BE REPORTED		penalties of 52 U.S.C. §30109
Office	For further information	contact:	

	Office Use Only				For further information contact: Federal Election Commission Toll Free 800-424-9530 Local 202-694-1100	FEC FORM 1 (Revised 06/2012)
--	-----------------------	--	--	--	---	---------------------------------

FE	EC Form 1 (Revised 03/2022)	Page 2
5.	TYPE OF COMMITTEE:	
	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 canor information below.)	didate
	Name of Candidate	
	Party Affiliation Sought: House Senate President	State
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	strict
	Nome of	
	Name of Candidate	
	(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Political Action Committee (PAC): (e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization	
	Corporation Corporation w/o Capital Stock Labor Organiz	ation
	Membership Organization X Trade Association Cooperative	
	X In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated function committee. (i.e., nonconnected committee)	or party
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	(g) This committee is an independent expenditure-only political committee (Super PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	
	(h) This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).	
	In addition, this committee is a Lobbyist/Registrant PAC.	

Joint Fundraising Representative:



	FEC Form 1 (Revised 0	2/2009)	Pag	e 3	
W	Vrite or Type Committee Name				
	Delta Dental Pla	ns Association PAC			
6.	Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraising Representative, or Leadership	PAC	Sponsor	
	Delta Dental Plans A				
	Mailing Address	222 W. Merchandise Mart Plaza			
		Suite #631			
		Chicago			

		CITY ▲	STATE ▲	ZIP CODE
Relationship:	X Connected Organization	Affiliated Organization	Joint Fundraising Representative	Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Quinn, Sam	nantha, , ,
Full Name	
Mailing Address	222 W. Merchandise Mart Plaza
	Suite #631
	Chicago IL 60654 - - -
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position ▼	
Custodian of Records	Telephone number 630 - 574 - 6851

Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of 8. any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Quinn, Samantha, , ,
Mailing Address	222 W. Merchandise Mart Plaza
	Suite #631
	Chicago
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Treasurer	Telephone number

FEC Form 1 (Revised 02/2009)	Form 1 (Revised 02/2009	9)
------------------------------	-------------------------	----

Full Name of Designated Agent	Brenneman, Grant, , ,
Mailing Address	222 W. Merchandise Mart Plaza
	Suite #631
	Chicago IL 60654 IL IL IL
	CITY ▲ STATE ▲ ZIP CODE ▲
Title or Position	
Assistant Treasur	er

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.

	The Northern Trust Company		
Mailing Address	50 S. LaSalle Street		
	Chicago	IL 60675	
	CITY 🔺	STATE A	ZIP CODE
Name of Bank, D	epository, etc. Bank of America		
Mailing Address	110 N. Wacker, 10th Floor		
	Chicago		
	CITY 🔺	STATE A	ZIP CODE

:97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F1A Transaction ID :

This registration is being amended to report a change in address for the committee, the Treasurer, Assistant Treasurer, and Custodiam of Records. The committee has also added a new bank account.

Form/Schedule: Transaction ID: