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FEC
FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

NEW JERSEY DENTAL FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

ONE DENTAL PLAZA, PO BOX 6020

(Check if address
is changed)

NORTH BRUNSWICK NJ 08902-6020

CITY ▲

STATE ▲

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

EELMORE@NJDA.ORG

SORENSTEIN@NJDA.ORG

COMMITTEE'S WEB PAGE ADDRESS (URL)

COMMITTEE'S FAX NUMBER

732-821-1082

2. DATE

12 12 2006

3. FEC IDENTIFICATION NUMBER ▶

C00326918

4. IS THIS STATEMENT

NEW (N)

OR

AMENDED (A)

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

STANLEY ORENSTEIN

Signature of Treasurer



Date

12 12 2006

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.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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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: House Senate President State District

- (c) This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate _____

(d) This committee is a (National, State or subordinate) committee of the (Democratic, Republican, 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 fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee

Mailing Address _____

 CITY ▲ STATE ▲ ZIP CODE ▲

Relationship _____

Type of Connected Organization:

- Corporation
- Corporation w/o Capital Stock
- Labor Organization
- Membership Organization
- Trade Association
- Cooperative

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Write or Type Committee Name

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 JAMES J SCHULZ JR

Mailing Address ONE DENTAL PLAZA, PO BOX 6020

NORTH BRUNSWICK NJ 08902-6020

Title or Position CITY STATE ZIP CODE

EXECUTIVE DIRECTOR Telephone number 732-821-9400

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 of Treasurer ROBERT O SCHEIDELER

Mailing Address ONE DENTAL PLAZA, PO BOX 6020

NORTH BRUNSWICK NJ 08902-6020

Title or Position CITY STATE ZIP CODE

TREASURER Telephone number 732-821-9400

Full Name of Designated Agent STANLEY ORENSTEIN

Mailing Address ONE DENTAL PLAZA, PO BOX 6020

NORTH BRUNSWICK NJ 08902-6020

Title or Position CITY STATE ZIP CODE

ASSISTANT TREASURER Telephone number 732-821-9400

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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.

COMMERCE BANK

Mailing Address

3221 ROUTE 27

FRANKLIN PARK NJ 08823-

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

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Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

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USPS First Class Mail Postmarked

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No Postmark

Overnight Delivery Service (Specify): *Fed Ex* Shipping Date
12/12/06
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

ER
 PREPARER
 (3/2005)

12/14/06
 DATE PREPARED

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