## **STATEMENT OF**

PAGE 1 / 4 =

FORM 1		OR	GANIZ	ATIO	N				Office U	se Only		
1. NAME OF COMMITTEE (ir	n full)		eck if name hanged)		ple:If typing, ty he lines.	/ре	12FE	4M5				
WASHING <sup>*</sup>	TON D	ENTAL	SERVI	CE P	OLITICA	L AC	CTIC	N C	OMI	MIT	TEE	<u> </u>
ADDRESS (number a	nd street)	400 FAIRVIE	EW AVE. N									
(Check if a is changed		SUITE 800										
	-,	SEATTLE	<b>A</b>				LWA STATE	L	8109	ZIP	- L	<u> </u>
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		JHU@DE	ELTADENTA	LWA.CO	M							
		Optional Se SPICKA	cond E-Mail Ac RD@DELT	ddress ADENT	ALWA.CON	1						
COMMITTEE'S WEB  (Check if a is changed	address	RESS (URL)										
2. DATE 0		20	23									
3. FEC IDENTIFIC	CATION NU	MBER ▶	C	00532440								
4. IS THIS STATEM	MENT X	NEW (N	OR		AMENDED	(A)						
I certify that I have e	examined thi	s Statement	and to the bes	t of my kn	owledge and b	pelief it is	s true, c	orrect a	nd com	plete.		
Type or Print Name	of Treasurer	Pickard, Sea	an, P, ,									
Signature of Treasure	er <i>Pickard</i>	d, Sean, P, ,		נו	Electronically File	[ed] [	Date	05	/ D	8	202	23
NOTE: Submission of	false, errone		olete information GE IN INFORMA						ne penal	ties of	52 U.S.(	C. §301
Office Use Only				F	for further inform lederal Election Colling Free 800-424-9 local 202-694-1100	ommission 9530				C FO	<b>RM 1</b> 6/2012)	1 _

FE	C Form	1 (Revised 03/2022)	Page 2						
5.	TYPE C	OF COMMITTEE:							
	Candid	ommittee:							
	(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 information below.)	candidate						
	Name Candid								
	Candid Party	date Office Sought: House Senate President	State						
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.							
		ne of didate							
	Party (	Committee:							
	(d)	This committee is a (National, State (Democratic, or subordinate) committee of the Republican, e	etc.) Party						
	Politica	al Action Committee (PAC):							
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected	organization is a:						
		Corporation Corporation w/o Capital Stock Labor Org	anization						
		Membership Organization Trade Association Cooperation	/e						
		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 fund or par committee. (i.e., nonconnected committee)								
		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 F	Fundraising Representative:							
	(i)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or committees/organizations, at least one of which is an authorized committee of a federal candidate.	more political						
(j) This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more committees/organizations, none of which is an authorized committee of a federal candidate.									
	Com	nmittees Participating in Joint Fundraiser							
	1.	C							

Title or Position ▼

Dir. Gov. Relations

ıma	age# 202305189581546871		
	FEC Form 1 (Revised	1 02/2009)	Page <b>3</b>
W	Vrite or Type Committee Nam	·	. age e
	WASHINGTO	N DENTAL SERVICE POLITICAL ACTION	COMMITTEE
6.		Organization, Affiliated Committee, Joint Fundraising Representative, or L	
	Mailing Address		
		CITY ▲ STATE ▲	ZIP CODE ▲
	Relationship: Connecte	ed Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Sponso
7.	Custodian of Records: Ide books and records.	entify by name, address (phone number optional) and position of the person in p	ossession of committee
	Hubly, Je	essica, , ,	
	Full Name	400 Fair ian Ana N	
	Mailing Address	400 Fairview Ave. N	
		Suite 800	
		Seattle WA	98040
		CITY ▲ STATE ▲	ZIP CODE ▲
	Title or Position ▼		
	Dir. of Finance	Telephone number	528 5321
3.	Treasurer: List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and , assistant treasurer).	the name and address of
	Full Name Pickard,	Sean, P, ,	
	Mailing Address	400 Fairview Ave. N	
	maining / warooo	Suite 800	
		Seattle	98109

CITY A

STATE lacktriangle

Telephone number

206

ZIP CODE ▲

2304

528

F	EC Form 1	(Revised 02/2009)		Page <b>4</b>			
Full N Desig Agent		Berg, Bradley, A, ,					
	ng Address	400 Fairview Ave. N					
		Suite 800					
		Seattle	WA	98109			
Title o	or Position <b>T</b>	CITY ▲	STATE ▲	ZIP CODE ▲			
CAO	)		umber	206 - 528 - 2340			
		<b>Depositories:</b> List all banks or other depositories in which the commites or maintains funds.	ttee deposits	funds, holds accounts, rents			
Name	of Bank, D	epository, etc.					
	Bank of America						
Mailin	g Address	275 Valencia Ave.					
		Brea	CA	92823			
		CITY ▲	STATE ▲	ZIP CODE ▲			
Name	of Bank, D	epository, etc.					
Mailin	g Address						
		CITY A	STATE ▲	ZIP CODE ▲			