

Political Organization Report of Contributions and Expenditures

▶ See separate instructions.

A For the period beginning 01/01/2013 **and ending** 06/30/2013

B Check applicable box: Initial report Change of address Amended report Final report

1 Name of organization Dental Care Access Coalition **Employer identification number** 45 - 2473667

2 Mailing address (P.O. box or number, street, and room or suite number)
5430 Wade Park Blvd, Wade II Suite 408

City or town, state, and ZIP code
Raleigh, NC 27607

3 E-mail address of organization: no@email **4 Date organization was formed:** 06/07/2011

5a Name of custodian of records Doug Brown **5b Custodian's address**
5430 Wade Park Blvd, Wade II Suite 408
Raleigh, NC 27607

6a Name of contact person Doug Brown **6b Contact person's address**
5430 Wade Park Blvd, Wade II Suite 408
Raleigh, NC 27607

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
5430 Wade Park Blvd, Wade II Suite 408

City or town, state, and ZIP code
Raleigh, NC 27607

8 Type of report (check only one box)

- First quarterly report (due by April 15)
- Second quarterly report (due by July 15)
- Third quarterly report (due by October 15)
- Year-end report (due by January 31)
- Mid-year report (Non-election year only-due by July 31)
- Monthly report for the month of: (due by the 20th day following the month shown above, except the December report, which is due by January 31)
- Pre-election report (due by the 12th or 15th day before the election)
 - (1) Type of election:
 - (2) Date of election:
 - (3) For the state of:
- Post-general election report (due by the 30th day after general election)
 - (1) Date of election:
 - (2) For the state of:

9 Total amount of reported contributions (total from all attached Schedules A)..... 9. \$ 0

10 Total amount of reported expenditures (total from all attached Schedules B)..... 10. \$ 84

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Doug Brown

07/16/2013

Sign Here



Signature of authorized official



Date

Schedule A Itemized Contributions

Schedule B **Itemized Expenditures**

Schedule B

Recipient's name, mailing address and ZIP code

Aggregate Below Threshold
5430 Wade Park Blvd, Wade II Suite 408
Raleigh, NC 27607

Name of recipient's employer

N/A

Recipients's occupation

N/A

Amount of Expenditure

\$ 84

Date of expenditure

06/30/2013

Purpose of expenditure

Monthly Bank Service Fees.