

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240362.45
(b) Cash on Hand at Beginning of Reporting Period.....	244363.38	
(c) Total Receipts (from Line 19)	17340.79	120201.68
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	261704.17	360564.13
7. Total Disbursements (from Line 31).....	8750.00	107609.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	252954.17	252954.17
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10798.67	36442.17
(ii) Unitemized	6542.12	83259.51
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17340.79	119701.68
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17340.79	119701.68
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	17340.79	120201.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17340.79	120201.68

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	13559.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13559.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8750.00	93900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8750.00	107609.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8750.00	107609.96

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	17340.79	119701.68
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17340.79	119551.68
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	13559.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	13559.96

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Denise A Andersen		Date of Receipt
Mailing Address 1411 Farmdale road		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Saint Paul	MN	55118-2739
FEC ID number of contributing federal political committee.		Transaction ID : AE21B63AAAF0746C1B24
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer	Occupation	
Private Consultant	Rd	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Ms. Patricia M Babjak		Date of Receipt
Mailing Address 120 S Riverside Plaza Ste 2000		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City	State	Zip Code
Chicago	IL	60606-6995
FEC ID number of contributing federal political committee.		Transaction ID : AA4965D9566194AAD8BE
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="5.00"/>
Name of Employer	Occupation	
Academy Of Nutrition And	CEO	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1005.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Ms. Nancy J Becker		Date of Receipt
Mailing Address 2417 NE 16th Ave		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Portland	OR	97212-4229
FEC ID number of contributing federal political committee.		Transaction ID : A7824DFFE42714B058D4
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Oregon Public Health Institute	Rd	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="355.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Ms. Nancy J Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2417 NE 16th Ave
 City Portland State OR Zip Code 97212-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Public Health Institute Occupation Rd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 18 / 2013
Transaction ID : AADEED45C894F4827BF9
 Amount of Each Receipt this Period 5.00

B. Ms. Nancy J Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 2417 NE 16th Ave
 City Portland State OR Zip Code 97212-4229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Public Health Institute Occupation Rd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A6D82BDECDDE246A5B1B
 Amount of Each Receipt this Period 5.00

C. Karen T Bellesky
 Full Name (Last, First, Middle Initial)
 Mailing Address Apt 906
 4000 N Charles St
 City Baltimore State MD Zip Code 21218-1762
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chase Brexton Occupation Nutrition Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1345.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A713A00C969604561999
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Karen T Bellesky
Full Name (Last, First, Middle Initial)

Mailing Address Apt 906
4000 N Charles St

City Baltimore State MD Zip Code 21218-1762

FEC ID number of contributing federal political committee. **C**

Name of Employer Chase Brexton Occupation Nutrition Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1451.00

Date of Receipt 10 / 20 / 2013
Transaction ID : A52BA5B6287EF4251BDA

Amount of Each Receipt this Period 21.00

B. Karen T Bellesky
Full Name (Last, First, Middle Initial)

Mailing Address Apt 906
4000 N Charles St

City Baltimore State MD Zip Code 21218-1762

FEC ID number of contributing federal political committee. **C**

Name of Employer Chase Brexton Occupation Nutrition Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1451.00

Date of Receipt 10 / 20 / 2013
Transaction ID : ADF12CA8C2DB54D05B42

Amount of Each Receipt this Period 35.00

C. Karen T Bellesky
Full Name (Last, First, Middle Initial)

Mailing Address Apt 906
4000 N Charles St

City Baltimore State MD Zip Code 21218-1762

FEC ID number of contributing federal political committee. **C**

Name of Employer Chase Brexton Occupation Nutrition Coordinator

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1451.00

Date of Receipt 10 / 20 / 2013
Transaction ID : A9B443614822B4122B36

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 106.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Dr. Ethan A Bergman
Full Name (Last, First, Middle Initial)

Mailing Address 1010 E 3rd Ave

City Ellensburg State WA Zip Code 98926-3523

FEC ID number of contributing federal political committee. **C**

Name of Employer Central Washington University Occupation Associate Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2013

Transaction ID : AF34E3480CA034BAFA99

Amount of Each Receipt this Period
 5.00

B. Lucille Beseler
Full Name (Last, First, Middle Initial)

Mailing Address 5350 W Hillsboro Blvd Ste 105

City Coconut Creek State FL Zip Code 33073-4396

FEC ID number of contributing federal political committee. **C**

Name of Employer Family Nutrition Center Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : A3CE0AA2C7D254AA792E

Amount of Each Receipt this Period
 150.00

C. Marcia M Bristow
Full Name (Last, First, Middle Initial)

Mailing Address 3528 Harbor Road

City Shelburne State VT Zip Code 05482-7795

FEC ID number of contributing federal political committee. **C**

Name of Employer Fueling Fitness PLC Occupation Registered Dietitian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 705.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2013

Transaction ID : A271BA45E1F8A4ED28D2

Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 160.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Dr. Dorothy C Chen-Maynard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4951 Mariposa Dr
 City San Bernardino State CA Zip Code 92404-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California State University San Bernar Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A25FC9F730EE14818A7C
 Amount of Each Receipt this Period 150.00

B. Dr. Dorothy C Chen-Maynard
 Full Name (Last, First, Middle Initial)
 Mailing Address 4951 Mariposa Dr
 City San Bernardino State CA Zip Code 92404-1432
 FEC ID number of contributing federal political committee. **C**
 Name of Employer California State University San Bernar Occupation Program Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 21 / 2013
Transaction ID : A891A2EAF70B54266A87
 Amount of Each Receipt this Period 5.00

C. Berit M Christensen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1200 East West Hwy Apt 911
 City Silver Spring State MD Zip Code 20910-8208
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Abbott Nutrition Occupation Rd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A518129B6CF974E57907
 Amount of Each Receipt this Period 105.00

SUBTOTAL of Receipts This Page (optional).....▶ 260.00
TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Sarah Conca
Full Name (Last, First, Middle Initial)

Mailing Address 664 Tremont St
Apt 6

City Boston State MA Zip Code 02118-1223

FEC ID number of contributing federal political committee. **C**

Name of Employer N/a @ Present Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
255.00

Date of Receipt
10 / 21 / 2013
Transaction ID : AC2452750054E4BB3BE7

Amount of Each Receipt this Period
5.00

B. Catherine Conway
Full Name (Last, First, Middle Initial)

Mailing Address 4110 Bowne Street
Apt 3 R

City Flushing State NY Zip Code 11355-5617

FEC ID number of contributing federal political committee. **C**

Name of Employer YAI/NIPD Occupation Nutritional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
10 / 19 / 2013
Transaction ID : A983ABE019D6F4701B37

Amount of Each Receipt this Period
500.00

C. Roberta A Cooper-Meyer
Full Name (Last, First, Middle Initial)

Mailing Address 1208 knollwood Rd

City Deerfield State IL Zip Code 60015-3338

FEC ID number of contributing federal political committee. **C**

Name of Employer N/a @ Present Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
510.00

Date of Receipt
10 / 22 / 2013
Transaction ID : A5DBD2C6FB10C476FAA6

Amount of Each Receipt this Period
10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 515.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 34
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Evelyn F Crayton
 Full Name (Last, First, Middle Initial)
 Mailing Address 124 Elm Dr
 City Montgomery State AL Zip Code 36117-3712
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Auburn University Occupation Nutritionist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A9DAD11B8A28F4BE2B9C
 Amount of Each Receipt this Period 5.00

B. Suzanne C Cryst
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Acorn Dr
 City Dayton State OH Zip Code 45419-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maria Joseph Rehab & Nursing Center Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A754AF4D7B32A4DA5B2F
 Amount of Each Receipt this Period 5.00

C. Suzanne C Cryst
 Full Name (Last, First, Middle Initial)
 Mailing Address 430 Acorn Dr
 City Dayton State OH Zip Code 45419-3904
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Maria Joseph Rehab & Nursing Center Occupation Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 305.00

Date of Receipt 10 / 21 / 2013
Transaction ID : A6341087B46644654896
 Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)
A. Darlene A Dougherty

Mailing Address 6763 Enchanted Valley Dr

City Reno	State NV	Zip Code 89523-1771
--------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Nevada DWSS SNAP	Occupation Nutrition Specialist
--------------------------------------	------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2013

Transaction ID : AD44979B8CD0E48E5818

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B. Sylvia A Escott-Stump

Mailing Address 2405 Royal Dr

City Winterville	State NC	Zip Code 28590-9140
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer East Carolina University	Occupation Program Director
--	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	21	/	2013

Transaction ID : ADB5E2C6751DD4B589B3

Amount of Each Receipt this Period
125.00

Full Name (Last, First, Middle Initial)
C. Trisha Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City Ballwin	State MO	Zip Code 63011-4808
-----------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer Malnutrition Antagonists	Occupation Rd
--	------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1030.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	20	/	2013

Transaction ID : A57035C71D8014202B16

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional).....▶	645.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Trisha Fuhrman
Full Name (Last, First, Middle Initial)

Mailing Address 1932 Prospector Ridge Dr

City Ballwin State MO Zip Code 63011-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Malnutrition Antagonists Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1030.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2013

Transaction ID : AF0ED1229A4BF499ABCC

Amount of Each Receipt this Period
 20.00

B. Trisha Fuhrman
Full Name (Last, First, Middle Initial)

Mailing Address 1932 Prospector Ridge Dr

City Ballwin State MO Zip Code 63011-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Malnutrition Antagonists Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2013

Transaction ID : A1591F118ED5E41FDBAE

Amount of Each Receipt this Period
 20.00

C. Trisha Fuhrman
Full Name (Last, First, Middle Initial)

Mailing Address 1932 Prospector Ridge Dr

City Ballwin State MO Zip Code 63011-4808

FEC ID number of contributing federal political committee. **C**

Name of Employer Malnutrition Antagonists Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1135.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : A42E3EDA2733545CB90D

Amount of Each Receipt this Period
 85.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 125.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Margaret P Garner
Full Name (Last, First, Middle Initial)

Mailing Address 9 Dunbrook

City Tuscaloosa State AL Zip Code 35406-1959

FEC ID number of contributing federal political committee. **C**

Name of Employer University Of Arkansas Me Occupation Assoc. Professor/Asst. Dean

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A86A8544FEC4E41DB943

Amount of Each Receipt this Period
5.00

B. Joyce A Gilbert
Full Name (Last, First, Middle Initial)

Mailing Address Apt 2
14521 Dickens St

City Sherman Oaks State CA Zip Code 91403-3782

FEC ID number of contributing federal political committee. **C**

Name of Employer J.a. Gilbert Associates Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1625.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 21 / 2013

Transaction ID : A945F953C36EB41C58A0

Amount of Each Receipt this Period
1500.00

c. Ms. Charlotte A Hayes
Full Name (Last, First, Middle Initial)

Mailing Address 900 Lost Forest Dr NW

City Atlanta State GA Zip Code 30328-2159

FEC ID number of contributing federal political committee. **C**

Name of Employer Project Open Hand Atlanta Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2013

Transaction ID : A8494CD56856C42A19F5

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....▶ 1605.00

TOTAL This Period (last page this line number only).....▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Diane W Heller
Full Name (Last, First, Middle Initial)

Mailing Address 4551 Blackland Dr

City Marietta State GA Zip Code 30067-4767

FEC ID number of contributing federal political committee. **C**

Name of Employer Nutrition Solutions Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : A4791F6391AE145B4AA1

Amount of Each Receipt this Period
 75.00

B. Dana M Herazo
Full Name (Last, First, Middle Initial)

Mailing Address 129 Orleans Drive

City Dauphin Island State AL Zip Code 36528-4303

FEC ID number of contributing federal political committee. **C**

Name of Employer Mobile County Health Dept. Occupation Senior Nutritionist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : AD6687254210F48E890D

Amount of Each Receipt this Period
 75.00

C. Laura M Hill
Full Name (Last, First, Middle Initial)

Mailing Address 1086 Oak St

City Winnetka State IL Zip Code 60093-2165

FEC ID number of contributing federal political committee. **C**

Name of Employer Unemployed Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013

Transaction ID : A7BFE4D8E09E944FDA70

Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 17 OF 34
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Dr. Susan P Himburg
Full Name (Last, First, Middle Initial)

Mailing Address Florida International Univ

City Miami State FL Zip Code 33199-0001

FEC ID number of contributing federal political committee. **C**

Name of Employer Fl. International Univ. Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2013

Transaction ID : A10C92480DB1247028D0

Amount of Each Receipt this Period
 250.00

B. Harold J Holler
Full Name (Last, First, Middle Initial)

Mailing Address Suite 2000
120 S Riverside Plaza

City Chicago State IL Zip Code 60606-6995

FEC ID number of contributing federal political committee. **C**

Name of Employer Ada-staff Occupation Vice President, Governance

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013

Transaction ID : AFDDA33C54FB04E14B56

Amount of Each Receipt this Period
 250.00

C. Dr. Carla S Honselman
Full Name (Last, First, Middle Initial)

Mailing Address 317 E 1700th Rd

City Casey State IL Zip Code 62420-3028

FEC ID number of contributing federal political committee. **C**

Name of Employer Eastern Illinois University Occupation Program Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2013

Transaction ID : A9BA987AD0FF949E384A

Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 505.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Jey-Hong Hwang
Full Name (Last, First, Middle Initial)

Mailing Address 60 Plymouth Rd

City State Zip Code
Great Neck NY 11023-1656

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Sodexho Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2013

Transaction ID : A1F9B37D73E774B20B1A

Amount of Each Receipt this Period
500.00

B. Candace S Johnson
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 24124

City State Zip Code
Denver CO 80224-0124

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
C S Johnson & Associates Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
635.49

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 20 / 2013

Transaction ID : AFBA10B2F9E3141C182E

Amount of Each Receipt this Period
520.00

C. Ane Marie Kis Duryea
Full Name (Last, First, Middle Initial)

Mailing Address PO Box

City State Zip Code
Ardmore PA 19003-0146

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Self-employed

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
10 / 18 / 2013

Transaction ID : A161FE7F2D4604BB8A24

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional).....▶	1170.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)
A. Ane Marie Kis Duryea

Mailing Address PO Box

City Ardmore State PA Zip Code 19003-0146

FEC ID number of contributing federal political committee. **C**

Name of Employer Self-employed Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
10 / 22 / 2013

Transaction ID : ACA8F7923F84848D085C

Amount of Each Receipt this Period
50.00

Full Name (Last, First, Middle Initial)
B. Toni Kuehneman

Mailing Address 1110 Hackney Dr

City Papillion State NE Zip Code 68046-2810

FEC ID number of contributing federal political committee. **C**

Name of Employer Alegent Creighton Health-Mercy Occupation Cardiac Dietitian

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt
10 / 09 / 2013

Transaction ID : A01BAB7D79C714C168E9

Amount of Each Receipt this Period
150.00

Full Name (Last, First, Middle Initial)
C. Marcia A Kyle

Mailing Address 146 Mystic Ave

City Rockport State ME Zip Code 04856-5730

FEC ID number of contributing federal political committee. **C**

Name of Employer Penbay Healthcare Occupation Rd

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **550.00**

Date of Receipt
10 / 18 / 2013

Transaction ID : AFB9F740BCFD1439DB5A

Amount of Each Receipt this Period
175.00

SUBTOTAL of Receipts This Page (optional)..... **375.00**

TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Jessica A Larson
Full Name (Last, First, Middle Initial)
Mailing Address 2440 16th St NW
Apt 512
City Washington State DC Zip Code 20009-3566
FEC ID number of contributing federal political committee. **C**
Name of Employer Academy Of Nutrition And Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 18 / 2013
Transaction ID : **A9DE70BF101A24F1DA6A**
Amount of Each Receipt this Period 10.00

B. Jessica A Larson
Full Name (Last, First, Middle Initial)
Mailing Address 2440 16th St NW
Apt 512
City Washington State DC Zip Code 20009-3566
FEC ID number of contributing federal political committee. **C**
Name of Employer Academy Of Nutrition And Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2013
Transaction ID : **AABCC319B46CB4C2EA10**
Amount of Each Receipt this Period 10.00

C. Jessica A Larson
Full Name (Last, First, Middle Initial)
Mailing Address 2440 16th St NW
Apt 512
City Washington State DC Zip Code 20009-3566
FEC ID number of contributing federal political committee. **C**
Name of Employer Academy Of Nutrition And Occupation Manager
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 22 / 2013
Transaction ID : **A58F0E1E11FDF4FAF807**
Amount of Each Receipt this Period 10.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 30.00
TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Dianne Lollar
Full Name (Last, First, Middle Initial)

Mailing Address 309 Lollar Hill Road

City State Zip Code
Oakman AL 35579-3846

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Walker County Health Dept Nutrition Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
10 / 18 / 2013
Transaction ID : ADDECE41E9D2A4D18801

Amount of Each Receipt this Period
250.00

B. Kathleen W McClusky
Full Name (Last, First, Middle Initial)

Mailing Address 994 White Springs Ln

City State Zip Code
Winter Springs FL 32708-4360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Morrison Mgmt Specialist Consultant Dietitan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
505.00

Date of Receipt
10 / 18 / 2013
Transaction ID : A521D78DAB9434195B34

Amount of Each Receipt this Period
5.00

C. Kathleen W McClusky
Full Name (Last, First, Middle Initial)

Mailing Address 994 White Springs Ln

City State Zip Code
Winter Springs FL 32708-4360

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Morrison Mgmt Specialist Consultant Dietitan

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
555.00

Date of Receipt
10 / 22 / 2013
Transaction ID : AB59788E43956488BB64

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 305.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Dr. Glenna R McCollum
 Full Name (Last, First, Middle Initial)
 Mailing Address P o Box 11009
 City Chandler State AZ Zip Code 85248-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chandler Education Foundation Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **10 / 09 / 2013**
Transaction ID : AC6CD5244B2874C3D817
 Amount of Each Receipt this Period **100.00**

B. Dr. Glenna R McCollum
 Full Name (Last, First, Middle Initial)
 Mailing Address P o Box 11009
 City Chandler State AZ Zip Code 85248-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chandler Education Foundation Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **505.00**

Date of Receipt **10 / 18 / 2013**
Transaction ID : A9BA2AFE1A731460BA25
 Amount of Each Receipt this Period **5.00**

C. Janet S McKee
 Full Name (Last, First, Middle Initial)
 Mailing Address 1720 Lake Shore Dr
 City Orlando State FL Zip Code 32803-1309
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nutritious Lifestyles Occupation Rd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **615.49**

Date of Receipt **10 / 21 / 2013**
Transaction ID : A3E876215FB3E4868974
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	605.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 23 OF 34
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Paul A Mifsud
Full Name (Last, First, Middle Initial)

Mailing Address Suite 2000
120 S Riverside Plz

City Chicago State IL Zip Code 60606-6995

FEC ID number of contributing federal political committee. **C**

Name of Employer Academy Of Nutrition And Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
463.00

Date of Receipt
10 / 18 / 2013
Transaction ID : A0143A498E1EF44D8B09

Amount of Each Receipt this Period
1.00

B. Paul A Mifsud
Full Name (Last, First, Middle Initial)

Mailing Address Suite 2000
120 S Riverside Plz

City Chicago State IL Zip Code 60606-6995

FEC ID number of contributing federal political committee. **C**

Name of Employer Academy Of Nutrition And Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
463.00

Date of Receipt
10 / 18 / 2013
Transaction ID : A43D2343287254AB3A11

Amount of Each Receipt this Period
1.00

C. Paul A Mifsud
Full Name (Last, First, Middle Initial)

Mailing Address Suite 2000
120 S Riverside Plz

City Chicago State IL Zip Code 60606-6995

FEC ID number of contributing federal political committee. **C**

Name of Employer Academy Of Nutrition And Occupation Chief Financial Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
463.00

Date of Receipt
10 / 18 / 2013
Transaction ID : AB771685E1EFE46688C0

Amount of Each Receipt this Period
1.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 3.00

TOTAL This Period (last page this line number only)..... ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 24 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Paul A Mifsud		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2013
Mailing Address Suite 2000 120 S Riverside Plz		Transaction ID : A43A733A685BF4F0F8B2
City Chicago	State IL	Zip Code 60606-6995
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1.00
Name of Employer Academy Of Nutrition And	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) B. Paul A Mifsud		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 20 / 2013
Mailing Address Suite 2000 120 S Riverside Plz		Transaction ID : A9573677B64C64D0694B
City Chicago	State IL	Zip Code 60606-6995
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1.00
Name of Employer Academy Of Nutrition And	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 465.00	

Full Name (Last, First, Middle Initial) C. Paul A Mifsud		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 21 / 2013
Mailing Address Suite 2000 120 S Riverside Plz		Transaction ID : ACF56BA8807034F9DAD6
City Chicago	State IL	Zip Code 60606-6995
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 1.00
Name of Employer Academy Of Nutrition And	Occupation Chief Financial Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.00	

SUBTOTAL of Receipts This Page (optional).....▶	3.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 25 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Paul A Mifsud		Date of Receipt
Mailing Address Suite 2000 120 S Riverside Plz		<input type="text" value="10"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Chicago	State IL	Zip Code 60606-6995
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFE0FF19A9F2A41EFB3B
Name of Employer Academy Of Nutrition And	Occupation Chief Financial Officer	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="50.00"/>
	<input type="text" value="516.00"/>	

Full Name (Last, First, Middle Initial) B. Ms. Teresa A Nece		Date of Receipt
Mailing Address 7071 Oak Brook Drive		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Urbandale	State IA	Zip Code 50322-4800
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A2B43AC8A42C247AC93C
Name of Employer Academy Of Nutrition And	Occupation Director, Grassroots Advocacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="1530.00"/>	

Full Name (Last, First, Middle Initial) C. Ms. Teresa A Nece		Date of Receipt
Mailing Address 7071 Oak Brook Drive		<input type="text" value="10"/> / <input type="text" value="18"/> / <input type="text" value="2013"/>
City Urbandale	State IA	Zip Code 50322-4800
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A62938CEAD1F4462FBC2
Name of Employer Academy Of Nutrition And	Occupation Director, Grassroots Advocacy	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="5.00"/>
	<input type="text" value="1530.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="80.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 26 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Ms. Teresa A Nece		Date of Receipt
Mailing Address 7071 Oak Brook Drive		<input type="text" value="10"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
Urbandale	IA	50322-4800
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AFEFCF2710F414DC8998
Name of Employer	Occupation	Amount of Each Receipt this Period
Academy Of Nutrition And	Director, Grassroots Advocacy	<input type="text" value="300.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1830.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Kathleen C Niedert		Date of Receipt
Mailing Address 110 Ardis St		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Hudson	IA	50643-9778
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A41814FE4C5914E2C92C
Name of Employer	Occupation	Amount of Each Receipt this Period
Western Home Communities	Administrator	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mrs. Jennifer E Noll Folliard		Date of Receipt
Mailing Address 5949 Dungeness Ln		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2013"/>
City	State	Zip Code
Alexandria	VA	22315-4727
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A1742BC5EC7E940C9BB9
Name of Employer	Occupation	Amount of Each Receipt this Period
Academy Of Nutrition And	Director, Legislation and Policy	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="800.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 27 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Jessie M Pavlinac
 Full Name (Last, First, Middle Initial)
 Mailing Address 13147 Century Dr
 City Oregon City State OR Zip Code 97045-6700
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Oregon Health & Science U Occupation Director, Clinical Nutrition
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **10 / 18 / 2013**
Transaction ID : A80B5062547D0478EA06
 Amount of Each Receipt this Period **125.00**

B. Martha J Peppones
 Full Name (Last, First, Middle Initial)
 Mailing Address 3506 221st PI SW
 City Brier State WA Zip Code 98036-8063
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Senior Services Occupation Nutrition Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **230.00**

Date of Receipt **10 / 19 / 2013**
Transaction ID : A021551625F604D9F99E
 Amount of Each Receipt this Period **105.00**

C. Mary Pat Raimondi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1895 Lincoln Ave
 City Saint Paul State MN Zip Code 55105-1422
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Academy Of Nutrition And Occupation VP, Strategic Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **510.00**

Date of Receipt **10 / 09 / 2013**
Transaction ID : A19DC1CB7D6B0454EBAE
 Amount of Each Receipt this Period **360.00**

SUBTOTAL of Receipts This Page (optional)..... **590.00**
TOTAL This Period (last page this line number only).....

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Ms. Patricia Q Samour
 Full Name (Last, First, Middle Initial)
 Mailing Address 1 W Parish Ct
 City Haverhill State MA Zip Code 01832-1163
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Beth Israel Deaconess Med Occupation Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 09 / 2013
Transaction ID : AC8C899053F924D6DA32
 Amount of Each Receipt this Period
150.00

B. Marianne Smith Edge
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 Ford Ave
 City Owensboro State KY Zip Code 42301-4629
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Private Practice Occupation Rd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2013
Transaction ID : A625A59BAD9314386A4C
 Amount of Each Receipt this Period
250.00

C. Emily P Stone
 Full Name (Last, First, Middle Initial)
 Mailing Address 34 Fayette St
 City Cambridge State MA Zip Code 02139-1112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Good Measures Occupation Rd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 21 / 2013
Transaction ID : A67C8587F13AF4986B38
 Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional).....▶	650.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 30 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Ms. Diane D Tallman
 Full Name (Last, First, Middle Initial)
 Mailing Address 6458 Canterbury Dr
 City Hudson State OH Zip Code 44236-3479
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Abbott Nutrition Rd
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2013
Transaction ID : A16BF9129E7BB4C31BBB
 Amount of Each Receipt this Period
 20.00

B. Pepin Tuma
 Full Name (Last, First, Middle Initial)
 Mailing Address 1314 Rhode Island Ave NW Apt 3
 City Washington State DC Zip Code 20005-3710
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Academy Of Nutrition And Director, Regulatory Affairs
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 333.36

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : A45F23E7398B540C2859
 Amount of Each Receipt this Period
 41.67

C. Ms. Tracy L Wilczek
 Full Name (Last, First, Middle Initial)
 Mailing Address 1731 Beacon Street #322
 City Brookline State MA Zip Code 02445-5324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Flik International Nutriton Director
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 255.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 18 / 2013
Transaction ID : A6F70790E5A0545218AD
 Amount of Each Receipt this Period
 5.00

SUBTOTAL of Receipts This Page (optional).....	66.67
TOTAL This Period (last page this line number only).....	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 31 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. April N Winslow
Full Name (Last, First, Middle Initial)
Mailing Address 2838 Bunker Ct
City San Jose State CA Zip Code 95121-1629
FEC ID number of contributing federal political committee. **C**
Name of Employer Choose to Change Nutrition Services
Receipt For: Primary General Other (specify) ▼
Occupation Rd
Aggregate Year-to-Date ▼ 270.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 21 / 2013
Transaction ID : A82382E339F9F4610B52
Amount of Each Receipt this Period
20.00

B. Cynthia A Wolfram
Full Name (Last, First, Middle Initial)
Mailing Address 4507 Apollo
City Houston State TX Zip Code 77018-3205
FEC ID number of contributing federal political committee. **C**
Name of Employer Skilled Healthcare Llc
Receipt For: Primary General Other (specify) ▼
Occupation Rd
Aggregate Year-to-Date ▼ 250.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 30 / 2013
Transaction ID : A941084C19FE042BC9CF
Amount of Each Receipt this Period
250.00

C. Ms. Lisa Eaton Wright
Full Name (Last, First, Middle Initial)
Mailing Address 12 Hilltop Ct
City Lemont State IL Zip Code 60439-6134
FEC ID number of contributing federal political committee. **C**
Name of Employer Moraine Valley Community College
Receipt For: Primary General Other (specify) ▼
Occupation Wellness Coordinator
Aggregate Year-to-Date ▼ 505.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 18 / 2013
Transaction ID : AABCC0927C28646D994E
Amount of Each Receipt this Period
5.00

SUBTOTAL of Receipts This Page (optional).....▶	275.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 32 OF 34
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Ms. Lisa Eaton Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Hilltop Ct
 City Lemont State IL Zip Code 60439-6134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moraine Valley Community College Occupation Wellness Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 505.00

Date of Receipt 10 / 18 / 2013
Transaction ID : A39EA2E106D304E1D822
 Amount of Each Receipt this Period 205.00

B. Ms. Lisa Eaton Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Hilltop Ct
 City Lemont State IL Zip Code 60439-6134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moraine Valley Community College Occupation Wellness Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 515.00

Date of Receipt 10 / 20 / 2013
Transaction ID : A259FDB5C26334662862
 Amount of Each Receipt this Period 10.00

C. Mr. Martin M Yadrick
 Full Name (Last, First, Middle Initial)
 Mailing Address 402 W. 50th St Unit 1-south
 City Kansas City State MO Zip Code 64112-2528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Computation Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 545.00

Date of Receipt 10 / 20 / 2013
Transaction ID : A01590942DE1642A7950
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional).....▶	235.00
TOTAL This Period (last page this line number only).....▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 33 OF 34
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Mr. Martin M Yadrick		Date of Receipt
Mailing Address 402 W. 50th St Unit 1-south		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Kansas City	State MO	Zip Code 64112-2528
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A273A3DAAEC484A81B5E
Name of Employer Computation		Amount of Each Receipt this Period
Occupation		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="545.00"/>	

Full Name (Last, First, Middle Initial) B. Mr. Martin M Yadrick		Date of Receipt
Mailing Address 402 W. 50th St Unit 1-south		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Kansas City	State MO	Zip Code 64112-2528
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A0A91A69469E241B79B3
Name of Employer Computation		Amount of Each Receipt this Period
Occupation		<input type="text" value="10.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="545.00"/>	

Full Name (Last, First, Middle Initial) C. Mr. Martin M Yadrick		Date of Receipt
Mailing Address 402 W. 50th St Unit 1-south		<input type="text" value="10"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City Kansas City	State MO	Zip Code 64112-2528
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : A4367A0F56FE140ADA5A
Name of Employer Computation		Amount of Each Receipt this Period
Occupation		<input type="text" value="5.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="545.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="25.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="10798.67"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Blumenauer for Congress

Mailing Address **BLUMENAUER FOR CONGRESS**
830 NE Holliday, Suite 105

City **Portland** State **OR** Zip Code **97232-5105**

Purpose of Disbursement
Earl Blumenauer [D-OR-03]

Candidate Name
Rep. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **OR** District: **03**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2013

Transaction ID : BC7292C75AA9A4594B2C

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Congressman Gene Green

Mailing Address **GENE GREEN CONGRESSIONAL CAMPAIGN**
PO Box 16128

City **Houston** State **TX** Zip Code **77222-6128**

Purpose of Disbursement
Gene Green [TX-D-09]

Candidate Name
Rep. Gene Green

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **TX** District: **29**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2013

Transaction ID : B4D6B0F3B29BE45FBA89

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Cummings for Congress Campaign Committee

Mailing Address **P O Box 1631**

City **Baltimore** State **MD** Zip Code **21203-1631**

Purpose of Disbursement
Elijah Cummings [MD-07-D]

Candidate Name
Rep. Elijah E. Cummings

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **MD** District: **07**

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 14 / 2013

Transaction ID : B8FD9F776437A4038840

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

8750.00

8750.00