

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

## For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street) ▼

1120 Connecticut Ave. NW

Suite 480

Check if different than previously reported. (ACC)

Washington

DC

20036

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- Jul 20 (M7)
- May 20 (M5)
- Jun 20 (M6)
- Oct 20 (M10)
- Aug 20 (M8)
- Sep 20 (M9)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

MM / DD / YYYY 06 / 01 / 2014

through

MM / DD / YYYY 06 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Paul A Mifsud

Signature of Treasurer

*Paul A Mifsud*

[Electronically Filed]

Date

MM / DD / YYYY 07 / 17 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3X Rev. 12/2004

**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="2014"/>	<input type="text" value="237994.48"/>	<input type="text" value="237994.48"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="261908.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7660.17"/>	<input type="text" value="89967.75"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="269568.72"/>	<input type="text" value="327962.23"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="53835.74"/>	<input type="text" value="112229.25"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="215732.98"/>	<input type="text" value="215732.98"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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).....	2400.00	23532.56
(ii) Unitemized .....	5260.17	66435.19
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7660.17	89967.75
(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) .....	7660.17	89967.75
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	0.00
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))..... ▶	7660.17	89967.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7660.17	89967.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	435.74	38079.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	435.74	38079.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	53400.00	74150.00
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	0.00
(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	0.00
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)) ..	53835.74	112229.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	53835.74	112229.25

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	7660.17	89967.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7660.17	89967.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	435.74	38079.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	435.74	38079.25

**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 22
<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

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**

**A. Darlene A Dougherty**  
 Full Name (Last, First, Middle Initial)  
 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 ▼ 410.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 02 / 2014  
**Transaction ID : A5CBCB1139B7844F6BBA**  
 Amount of Each Receipt this Period  
 410.00

**B. Mrs. Marcia M Bristow RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3528 Harbor Rd  
 City Shelburne State VT Zip Code 05482-7795  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Fueling Fitness PLC 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  
 06 / 03 / 2014  
**Transaction ID : A8D66E0FAB16A4BB59FD**  
 Amount of Each Receipt this Period  
 250.00

**C. Lynnette S Jones**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 720 Duane St  
 City Glen Ellyn State IL Zip Code 60137-4612  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Employed 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  
 06 / 24 / 2014  
**Transaction ID : A76AE026E21A94548B16**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1060.00
<b>TOTAL</b> 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 7 OF 22
	<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. Ms. Ladonna Woerdeman RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 254 Northpointe Dr NE Apt 210  
 City Cedar Rapids State IA Zip Code 52402-6214  
 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 **300.00**

Date of Receipt **06 / 29 / 2014**  
**Transaction ID : A9B4A7F8085A04FBAA99**  
 Amount of Each Receipt this Period **150.00**

**B. Ms. 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 **923.89**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : A563D9A14214345FBA58**  
 Amount of Each Receipt this Period **90.00**

**C. Jane V White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8808 Sawyer Brown Rd  
 City Nashville State TN Zip Code 37221-1416  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept. Family Medicine; UT-Knox Occupation Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **06 / 30 / 2014**  
**Transaction ID : AEBD8D0AC9E71437F89E**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>340.00</b>
<b>TOTAL</b> 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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

**A. Mrs. Sylvia A Escott-Stump**  
 Full Name (Last, First, Middle Initial)  
 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 **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : A28AD7C5F9F384FF3BC9**  
 Amount of Each Receipt this Period  
**250.00**

**B. Ms. Jeanne Blankenship RDN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Connecticut Ave Nw, Suite 480  
 City Washington State DC Zip Code 20036-3989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Academy Of Nutrition And Occupation Vp, Policy Initiatives &  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **875.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 30 / 2014  
**Transaction ID : A46F0ADFAAEEEE4DB5B44**  
 Amount of Each Receipt this Period  
**100.00**

**C. Dr. Mildred M Cody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1562 Barrington Vw  
 City Stone Mountain State GA Zip Code 30087-1846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Georgia State University Occupation Associate 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  
 06 / 30 / 2014  
**Transaction ID : A1FA3A63ED3D247E485C**  
 Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **600.00**  
**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 22
	<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. 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 ▼  
305.00

Date of Receipt  
06 / 30 / 2014  
Transaction ID : AF50CE3EEBEAC4EB79D

Amount of Each Receipt this Period  
50.00

**B. Ms. Mary K Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 130 S. Canal St, Apt 617

City Chicago State IL Zip Code 60606-3909

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

Name of Employer Baxter Healthcare Occupation Sr. Manager, Medical Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
06 / 30 / 2014  
Transaction ID : A908DAB393FDE4CB6862

Amount of Each Receipt this Period  
250.00

**C. Ms. Lorri Holzberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1330 University Dr #27

City Menlo Park State CA Zip Code 94025-4241

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

Name of Employer Camino Medical Group Occupation Rdn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
725.00

Date of Receipt  
06 / 30 / 2014  
Transaction ID : AF93A95D2CC5248F9A69

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	400.00
<b>TOTAL</b> This Period (last page this line number only).....	2400.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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. Hyatt Regency St. Louis at the Arch**

Mailing Address PO Box 204134

City Dallas State TX Zip Code 75320-4134

Purpose of Disbursement  
ANDPAC Booth Electrical Charges

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

Transaction ID : B155B2511171145E38DA

Amount of Each Disbursement this Period

101.49

Full Name (Last, First, Middle Initial)

**B. Ms. Berit M Christensen**

Mailing Address 1200 E West Hwy Apt 522

City Silver Spring State MD Zip Code 20910-8204

Purpose of Disbursement  
ANDPAC Meeting Expense Reimbursements

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 04 / 2014

Transaction ID : BAB93BB1A49AE4C5DBA

Amount of Each Disbursement this Period

334.25

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

435.74

435.74

**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. Nancy Pelosi for Congress**

Mailing Address 2371 Rayburn House Ofc BUILDING

City Washington State DC Zip Code 20515

Purpose of Disbursement  
Nancy Pelosi [CA-12-D]

Candidate Name

**Rep. Nancy Pelosi**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: CA District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

**Transaction ID : BA351F7FC635741FFBB8**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement  
Ann Wagner [MO-2-R]

Candidate Name

**Rep. Ann L. Wagner**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MO District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

**Transaction ID : B6D8268B706894E17925**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Friends of Joe Pitts**

Mailing Address P.O. Box 775

City Unionville State PA Zip Code 19375-0775

Purpose of Disbursement  
Rep. Joe Pitts [PA-16-R]

Candidate Name

**Rep. Joe R. Pitts**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 16

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

**Transaction ID : B945DC4D4B81640C4816**

Amount of Each Disbursement this Period

3000.00

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

4500.00

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

**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. CITIZENS FOR COCHRAN**

Mailing Address **CITIZENS FOR COCHRAN  
PO Box 7183**

City **Tupelo** State **MS** Zip Code **38802-7183**

Purpose of Disbursement  
**Thad Cochran [MS-R]**

Candidate Name  
**Sen. Thad Cochran**

Office Sought:  House  
 Senate  
 President  
State: **MS** District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) **Special Election2014**

Date of Disbursement

/  /

**Transaction ID : B659F98E6769B4EB8928**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Peterson for Congress**

Mailing Address **26192 Floyd Lake Point Road**

City **Detroit Lakes** State **MN** Zip Code **56501-7607**

Purpose of Disbursement  
**Collin Peterson [MN-7-DFL]**

Candidate Name  
**Rep. Collin C. Peterson**

Office Sought:  House  
 Senate  
 President  
State: **MN** District: **07**

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : B9510572C6D684E7FB3E**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Mark Pryor for US Senate Committee**

Mailing Address **MARK PRYOR FOR US SENATE  
Post Office Box 2720**

City **Little Rock** State **AR** Zip Code **72203-2720**

Purpose of Disbursement  
**Mark Pryor [AR-D]**

Candidate Name  
**Sen. Mark L. Pryor**

Office Sought:  House  
 Senate  
 President  
State: **AR** District:

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : BCCCB4AABD003421F9E8**

Amount of Each Disbursement this Period

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

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

**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. Congresswoman Lucille Roybal-Allard**

Mailing Address Lucille Roybal-Allard for Congress  
601 S. Glenoaks Blvd. Suite 211

City Burbank State CA Zip Code 91502

Purpose of Disbursement  
Lucille Roybal-Allard [CA-40-D]

Candidate Name  
**Rep. Lucille Roybal-Allard**

Office Sought:  House  Senate  President  
State: CA District: 40  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : **B683424D891514A8CA49**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Friends of Dave Reichert**

Mailing Address PO Box 2032

City Issaquah State WA Zip Code 98027-0090

Purpose of Disbursement  
Dave Reichert [WA-8-R]

Candidate Name  
**Rep. Dave G. Reichert**

Office Sought:  House  Senate  President  
State: WA District: 08  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : **B2B02FCF97F604C0E912**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Murphy for Congress**

Mailing Address Murphy for Congress  
46 Ordale Rd

City Pittsburgh State PA Zip Code 15228-1524

Purpose of Disbursement  
Tim Murphy [PA-18-R]

Candidate Name  
**Rep. Tim F. Murphy**

Office Sought:  House  Senate  President  
State: PA District: 18  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : **B6D0FE2059CEC450B91E**

Amount of Each Disbursement this Period

2500.00

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

6000.00

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

**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. Bilirakis for Congress**

Mailing Address PO Box 606

City Tarpon Springs State FL Zip Code 34688

Purpose of Disbursement  
Gus Bilirakis [FL-12-R]

Candidate Name

**Rep. Gus M. Bilirakis**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: FL District: 12

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : BAA5B06838F934F4FA12**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Mailing Address PO BOX 9639

City BOWLING GREEN State KY Zip Code 42102

Purpose of Disbursement  
Brett Guthrie [KY-2-R]

Candidate Name

**Rep. Brett Guthrie**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: KY District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : BFF9A92C1C76B40CD8C3**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Braley for Iowa**

Mailing Address 2813 Virginia Place

City Des Moines State IA Zip Code 50321-1536

Purpose of Disbursement  
Bruce Braley [IA-D]

Candidate Name

**Rep. Bruce L. Braley**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

**Transaction ID : B4361FA42500F495F96C**

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

5	5	0	0	0	0	0	0	0	0
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5	5	0	0	0	0	0	0	0	0
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**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. Bonamici for Congress**

Mailing Address 13575 SW Millikan Way

City Beaverton State OR Zip Code 97005

Purpose of Disbursement  
Suzanne Bonamici [OR-01-D]

Candidate Name  
**Rep. Suzanne Bonamici**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: OR District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : B4AFC1C2C47F14CBE890**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. CITIZENS FOR COCHRAN**

Mailing Address CITIZENS FOR COCHRAN  
PO Box 7183

City Tupelo State MS Zip Code 38802-7183

Purpose of Disbursement  
Thad Cochran [MS-R]

Candidate Name  
**Sen. Thad Cochran**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
Special Election2014  
State: MS District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : BEA9F6EE6D3F74703B02**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. FRIENDS OF TODD YOUNG, INC.**

Mailing Address PO BOX 1053

City BLOOMINGTON State IN Zip Code 47402

Purpose of Disbursement  
Todd Young [IN-9-R]

Candidate Name  
**Rep. Todd C. Young**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IN District: 09

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

**Transaction ID : B105CB324FDFB482F9EF**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	0	0	0	0	0	0	0	0	0
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3	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

**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. Friends of Lois Capps**

Mailing Address **FRIENDS OF LOIS CAPPS**  
P.O. Box 23940

City **Santa Barbara** State **CA** Zip Code **93121-3940**

Purpose of Disbursement  
**Lois Capps [CA-24-D]**

Candidate Name  
**Rep. Lois Capps**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: **CA** District: **24**

Date of Disbursement

/  /

**Transaction ID : BE99FDEB3E3AC4C75BE7**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Becerra for Congress**

Mailing Address **BECERRA FOR CONGRESS**  
PO Box 261060

City **Los Angeles** State **CA** Zip Code **90026-0878**

Purpose of Disbursement  
**Xavier Becerra [CA-34-D]**

Candidate Name  
**Rep. Xavier Becerra**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: **CA** District: **34**

Date of Disbursement

/  /

**Transaction ID : B81450FA3CEB847E398C**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. CASTRO FOR CONGRESS**

Mailing Address **PO BOX 544**

City **SAN ANTONIO** State **TX** Zip Code **78292**

Purpose of Disbursement  
**Joaquin Castro [TX-20-D]**

Candidate Name  
**Rep. Joaquin Castro**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: **TX** District: **20**

Date of Disbursement

/  /

**Transaction ID : B8873E7CFDF134BDDBC8**

Amount of Each Disbursement this Period

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

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



**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. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Tim Scott [SC-R]

Candidate Name  
**Sen. Tim E. Scott**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: SC District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : **BC6AC08FCC90A436A928**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Re-Elect McGovern Committee**

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement  
Jim McGovern [MA-02-D]

Candidate Name  
**Rep. Jim P. McGovern**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 26 / 2014

Transaction ID : **B8DEFE08FC3C549D3AC5**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. McCollum for Congress**

Mailing Address MCCOLLUM FOR CONGRESS  
P.O. Box 14131

City Saint Paul State MN Zip Code 55114-0131

Purpose of Disbursement  
Betty McCollum [MN-04-D]

Candidate Name  
**Rep. Betty McCollum**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 04

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : **B6C8460E7091847969D8**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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. McCollum for Congress**

Mailing Address MCCOLLUM FOR CONGRESS  
P.O. Box 14131

City State Zip Code  
Saint Paul MN 55114-0131

Purpose of Disbursement  
Betty McCollum [MN-04-D]

Candidate Name  
**Rep. Betty McCollum**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MN District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	6			2	6		2	0	1	4

**Transaction ID : BBCFD9326F4264783A78**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. POMPEO FOR CONGRESS INC**

Mailing Address PO BOX 780146

City State Zip Code  
WICHITA KS 67212

Purpose of Disbursement  
Mike Pompeo {KS-4-R}

Candidate Name  
**Rep. Mike R. Pompeo**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: KS District: 04

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	6			0	9		2	0	1	4

**Transaction ID : B167807AF1ED844F9A97**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. RODNEY DAVIS FOR CONGRESS**

Mailing Address PO BOX 344

City State Zip Code  
Taylorville IL 62568-0344

Purpose of Disbursement  
Rodney Davis [IL-13-R]

Candidate Name  
**Rep. Rodney L. Davis**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: IL District: 13

Date of Disbursement

M	M	M	/	D	D	/	Y	Y	Y	Y
0	6			2	6		2	0	1	4

**Transaction ID : BDF20A770D659496CA45**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0	0

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

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

2	5	0	0	0	0	0	0	0	0	0

2	5	0	0	0	0	0	0	0	0	0

**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. QUIGLEY FOR CONGRESS**

Mailing Address PO BOX 13040

City CHICAGO State IL Zip Code 60613

Purpose of Disbursement  
Mike Quigley [IL-5-D]

Candidate Name  
**Rep. Mike Quigley**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: IL District: 05

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : B3C6BD8543EA94601930

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**B. TIM SCOTT FOR SENATE**

Mailing Address 1405 ASHLEY RIVER ROAD

City CHARLESTON State SC Zip Code 29407

Purpose of Disbursement  
Tim Scott [SC-R]

Candidate Name  
**Sen. Tim E. Scott**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: SC District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : BF5D7CCC9DCBF4E86AC

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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Full Name (Last, First, Middle Initial)

**C. ALASKANS FOR BEGICH**

Mailing Address PO BOX 240287

City ANCHORAGE State AK Zip Code 99524

Purpose of Disbursement  
Mark Begich [AK-D]

Candidate Name  
**Sen. Mark Begich**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: AK District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : B268B0FD734AB4D43AFD

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

4	5	0	0	.	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

4	5	0	0	.	0	0
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**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. MONTANANS FOR TESTER**

Mailing Address PO BOX 1135

City HELENA State MT Zip Code 59624

Purpose of Disbursement  
Jon Tester [MT-D]

Candidate Name  
**Sen. Jon Tester**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼  
State: MT District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : BC10B01572AE34D21BC9

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

**B. Congresswoman Marsha Blackburn**

Mailing Address 499 South Capitol Street  
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement  
Marsha Blackburn [TN-07-R]

Candidate Name  
**Rep. Marsha Blackburn**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 09 / 2014

Transaction ID : BC943187C4E594D008F3

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Capuano for Congress Committee**

Mailing Address Capuano for Congress Committee  
PO Box 440305

City Sommerville State MA Zip Code 02144

Purpose of Disbursement  
Michael Capuano [MA-07-D]

Candidate Name  
**Rep. Michael E. Capuano**

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
06 / 30 / 2014

Transaction ID : BECC41CBF8E124DCD897

Amount of Each Disbursement this Period

2500.00

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

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

5000.00

**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. MATSUI FOR CONGRESS**

Mailing Address PO BOX 1738

City State Zip Code  
SACRAMENTO CA 95812

Purpose of Disbursement  
Rep. Doris Matsui [CA-06-D]

Candidate Name  
**Rep. Doris O. Matsui**

Office Sought:  House  Senate  President  
State: CA District: 06  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : B06EC33EDB1EA41D0943

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. LOEBSACK FOR CONGRESS**

Mailing Address PO BOX 3013

City State Zip Code  
IOWA CITY IA 52244

Purpose of Disbursement  
Dave Loeb sack [IA-02-D]

Candidate Name  
**Rep. Dave W. Loeb sack**

Office Sought:  House  Senate  President  
State: IA District: 02  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : B545297ED399344E99FD

Amount of Each Disbursement this Period

2	5	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Anna Eshoo for Congress**

Mailing Address 555 Bryant Street  
Suite 1425

City State Zip Code  
Sacramento CA 95814

Purpose of Disbursement  
Anna Eshoo [CA-18-D]

Candidate Name  
**Rep. Anna G. Eshoo**

Office Sought:  House  Senate  President  
State: CA District: 18  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	1	4

Transaction ID : BC87A8DFF09CE401997B

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3	9	0	0	0	0	0	0	0	0
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3	9	0	0	0	0	0	0	0	0
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**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. Graves for Congress**

Mailing Address 2345 Grand Blvd Ste 250  
Suite 250

City Kansas City State MO Zip Code 64108

Purpose of Disbursement  
Sam Graves [MO-6-R]

Candidate Name  
**Rep. Sam B. Graves Jr.**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: MO District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : **BA4B686AA192848EBAA0**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**B. FRIENDS OF KELLY AYOTTE**

Mailing Address PO BOX 937

City MANCHESTER State NH Zip Code 03105-0937

Purpose of Disbursement  
Kelly Ayotte [NH-R]

Candidate Name  
**Sen. Kelly A. Ayotte**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: NH District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	6

Transaction ID : **BA73E6EA860FA4072914**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0
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Full Name (Last, First, Middle Initial)

**C. Friends of Farr**

Mailing Address FARR FOR CONGRESS  
555 Capitol Mall Suite 1425

City Sacramento State CA Zip Code 95814-4602

Purpose of Disbursement  
Sam Farr [CA-20-D]

Candidate Name  
**Rep. Sam Farr**

Office Sought:  House  Senate  President  
Disbursement For: 2014  Primary  General  Other (specify) ▼  
State: CA District: 20

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	9		2	0	1	4

Transaction ID : **BAE01C11B28D642EE989**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

2	5	0	0	0	0	0	0	0	0
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5	3	4	0	0	0	0	0	0	0
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