

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
American Dietetic Association 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** 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 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 01 2009 through 11 30 2009

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 Electronically Filed by Paul A. Mifsud Date 12 17 2009

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**

Write or Type Committee Name  
American Dietetic Association Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		47007.74
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	71284.79									
(c) Total Receipts (from Line 19) .....	9884.05	320200.12								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	81168.84	367207.86								
7. Total Disbursements (from Line 31) .....	10774.08	296813.10								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	70394.76	70394.76								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period: From: 

M	M
1	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	1

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	2271.05	38382.31
(ii) Unitemized .....	7613.00	281817.81
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	9884.05	320200.12
(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) .....	9884.05	320200.12
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 Transfer (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)) .....	9884.05	320200.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	9884.05	320200.12

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	744.08	143633.10
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	744.08	143633.10
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	153000.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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 .....	30.00	180.00
(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)) .....	30.00	180.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10774.08	296813.10
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10774.08	296813.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	9884.05	320200.12
34. Total Contribution Refunds (from Line 28(d)) .....	30.00	180.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9854.05	320020.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	744.08	143633.10
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	744.08	143633.10

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 17  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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)  
American Dietetic Association Political Action Committee

**A.** Full Name (Last, First, Middle Initial)  
Mary S. Gregory

Mailing Address 148 Cedar Knoll Dr

City State Zip Code  
Mount Airy NC 27030-7792

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

Name of Employer Health Center Occupation Dietitian

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 364.00

Date of Receipt  

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

**Transaction ID:** A001DCBADBA0944ABA75

Amount of Each Receipt this Period  
52.00

**B.** Full Name (Last, First, Middle Initial)  
Nancy Rae Banda

Mailing Address 22960 Pavla Ct

City State Zip Code  
Wildomar CA 92595-9519

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

Name of Employer Riverside County Reg Med Cntr Occupation Rd

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 252.00

Date of Receipt  

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

**Transaction ID:** A1326BA22B4E647699CA

Amount of Each Receipt this Period  
100.00

**C.** Full Name (Last, First, Middle Initial)  
Roberta J. Hamre

Mailing Address 450 Spring Ridge Dr

City State Zip Code  
Roswell GA 30076-2698

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

Name of Employer Cdc Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt  

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

**Transaction ID:** AF4CB4AE0A62424F8B9D0

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **402.00**

**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 7 / 17

(check only one)

<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)  
American Dietetic Association Political Action Committee

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

Mailing Address 1110 Hackney Dr

City State Zip Code  
Papillion NE 68046-2810

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation  
Rd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 255.76

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A47F9C790CA56404EA07

Amount of Each Receipt this Period 52.00

**B.** Full Name (Last, First, Middle Initial)  
Dr. Kendra K. Kattelman

Mailing Address 623 Powderhorn Pass

City State Zip Code  
Brookings SD 57006-4626

FEC ID number of contributing federal political committee. C

Name of Employer Sd State University Occupation  
Rd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** AFB314CDA84CB40AC9D6

Amount of Each Receipt this Period 100.00

**C.** Full Name (Last, First, Middle Initial)  
Carol M. Brunzell

Mailing Address 10035 Conrad Ave

City State Zip Code  
Inver Grove Height MN 55076-3813

FEC ID number of contributing federal political committee. C

Name of Employer Fairview Uni. Med Cntr Occupation  
Dietitian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A1C23DA57FD5949F0A6E

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 252.00

**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 8 / 17  
(check only one)

<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)  
American Dietetic Association Political Action Committee

**A.**

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

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 Registered Dietitian

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A3B804DFC5FD74B3FB0E

Amount of Each Receipt this Period 150.00

**B.**

Full Name (Last, First, Middle Initial)  
Tracy L L. Wilczek

Mailing Address Apt 611  
3550 Washington St

City Hollywood State FL Zip Code 33021-8248

FEC ID number of contributing federal political committee. C

Name of Employer Pritikin Longevity Center Occupation Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 290.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A3EC7F865B9F945A8BB3

Amount of Each Receipt this Period 40.00

**C.**

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

Mailing Address PO Box 146

City Ardmore State PA Zip Code 19003-0146

FEC ID number of contributing federal political committee. C

Name of Employer Self-employed Occupation Executive Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** AA6A867C7741B4494AE2

Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... 290.00

**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 9 / 17

(check only one)

<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)  
American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Mrs. Lisa Gibson

Mailing Address 11 Quebrada

City Irvine State CA Zip Code 92620-1867

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 ▼ 252.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A17A6C5BA7C4B4FD2B24

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Kristen W. Schroeder

Mailing Address 19461 SE 322nd St

City Kent State WA Zip Code 98042-9712

FEC ID number of contributing federal political committee. C

Name of Employer Swedish Medical Cnter Occupation Director Of Nutrition Services

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 215.00

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** A1C83C768137148A6BE2

Amount of Each Receipt this Period 15.00

**C.**

Full Name (Last, First, Middle Initial)  
Multiple ADAPAC Donors

Mailing Address 1120 Connecticut Avenue, NW  
Suite 480

City Washington State DC Zip Code 20036-3989

FEC ID number of contributing federal political committee. C

Name of Employer Information Requested Occupation Unknown

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 232.05

Date of Receipt MM / DD / YYYY  
11 / 20 / 2009

**Transaction ID:** AF214A224D40E433CBDE

Amount of Each Receipt this Period 232.05

Cash for Raffle at conference

**SUBTOTAL** of Receipts This Page (optional) ..... 347.05

**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 / 17
	<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)  
American Dietetic Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Jeanne Blankenship		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 6231 Jack Frost Ct		<b>Transaction ID:</b> ABB1B42E18396485F880		
	City Rocklin	State CA	Zip Code 95765-4234	Amount of Each Receipt this Period 25.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer University Of Ca, Davis	Occupation Rd	Aggregate Year-to-Date 485.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>B.</b>	Full Name (Last, First, Middle Initial) Cynthia A. Wolfram		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address 4507 Apollo St		<b>Transaction ID:</b> AB37ED4006ABA4C10AB1		
	City Houston	State TX	Zip Code 77018-3205	Amount of Each Receipt this Period 300.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare Llc	Occupation Director Of Dietary	Aggregate Year-to-Date 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>C.</b>	Full Name (Last, First, Middle Initial) Ladonna Woerdeman		Date of Receipt MM / DD / YYYY 11 / 20 / 2009		
	Mailing Address Apt 210 254 Northpointe Dr Ne		<b>Transaction ID:</b> A39D271168F9D47B8A11		
	City Cedar Rapids	State IA	Zip Code 52402-6214	Amount of Each Receipt this Period 75.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer N/a @ Present	Occupation Rd	Aggregate Year-to-Date 227.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<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: PAGE 11 / 17  
(check only one)

<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)  
American Dietetic Association Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Mary H. Hager

Mailing Address 1514 17th St Northwest  
#514

City Washington State DC Zip Code 20036-6225

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

Name of Employer American Dietetic Association Occupation Dir. Manager, Reg. Issues

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 11 / 20 / 2009  
**Transaction ID:** A419214F84C7E401DA98

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Jeanne Blankenship

Mailing Address 6231 Jack Frost Ct

City Rocklin State CA Zip Code 95765-4234

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

Name of Employer University Of Ca, Davis Occupation Rd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 535.00

Date of Receipt 11 / 23 / 2009  
**Transaction ID:** A6118FD4621E245829F7

Amount of Each Receipt this Period 50.00

**C.**

Full Name (Last, First, Middle Initial)  
Mary P. 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 Coram, Inc. Occupation Chair Of Dietetics

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 11 / 30 / 2009  
**Transaction ID:** A34157862C05F4D94A3F

Amount of Each Receipt this Period 60.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **360.00**

**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 / 17
	(check only one)	
<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)  
American Dietetic Association Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Marti A. Johnson-Austin		Date of Receipt																					
	Mailing Address Apt 311 5 Horizon Rd		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		3	0		2	0	0	9														
	City State Zip Code Fort Lee NJ 07024-6627		<b>Transaction ID:</b> A259ACBFACF094504ADF																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 120.00																						
Name of Employer Occupation Nutrition Matters Rd		Aggregate Year-to-Date ▼ 240.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Roberta H. Anding		Date of Receipt																					
	Mailing Address 50 Mott Ln		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	1		3	0		2	0	0	9														
	City State Zip Code Houston TX 77024-7315		<b>Transaction ID:</b> A512861F99D2046C9BE6																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer Occupation Baylor College Of Medicine Dietitian		Aggregate Year-to-Date ▼ 200.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	220.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	2271.05

**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)  
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: BA1F814DA529042DE98D
	Mailing Address 1050 Connecticut Ave NW	Date of Disbursement MM / DD / YYYY 11 / 04 / 2009
	City Washington State DC Zip Code 20036-5308	Amount of Each Disbursement this Period 336.00
	Purpose of Disbursement ADAPAC mailing	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) Lucille Beseler	Transaction ID: B1486101BEECD4087BB6
	Mailing Address Suite 108 5901 Colonial Dr	Date of Disbursement MM / DD / YYYY 11 / 14 / 2009
	City Margate State FL Zip Code 33063-5672	Amount of Each Disbursement this Period 156.08
	Purpose of Disbursement Reimbursement for Board meeting	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) American Dietetic Association	Transaction ID: BDBCC1CAC325C4B968D0
	Mailing Address 120 S. Riverside Plz Suite 2000	Date of Disbursement MM / DD / YYYY 11 / 14 / 2009
	City Chicago State IL Zip Code 60606-6995	Amount of Each Disbursement this Period 252.00
	Purpose of Disbursement Duplicate Deposit	Category/Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>744.08</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>744.08</b>

# 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)

PAGE 14 / 17

<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)  
American Dietetic Association Political Action Committee

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Harry Reid</p> <p>Mailing Address 528 Hart Senate Ofc BUILDING</p> <p>City Washington State DC Zip Code 20510-0001</p> <p>Purpose of Disbursement Sen. Harry Reid [D-NV]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B86B310CC80614902A50</p> <p>Date of Disbursement 11 / 14 / 2009</p> <p>Amount of Each Disbursement this Period 4000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stabenow for US Senate</p> <p>Mailing Address Stabenow for US Senate PO Box 4945</p> <p>City East Lansing State MI Zip Code 48826</p> <p>Purpose of Disbursement Sen Stabenow [MI]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCDBEBA43993B4BB18DE</p> <p>Date of Disbursement 11 / 23 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Wasserman Schultz for Congress</p> <p>Mailing Address 1017 Twin Branch Lane</p> <p>City Weston State FL Zip Code 33326</p> <p>Purpose of Disbursement Rep. Debbie Wasserman Schultz [D-FL]</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B9149C18E3E364766B2E</p> <p>Date of Disbursement 11 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**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)

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<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)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Congressman Tim F. Murphy

Transaction ID: BA7D72A6FA6B24BDF850

Date of Disbursement

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

Mailing Address  
Murphy for Congress  
46 Ordale Rd

City State Zip Code  
Pittsburgh PA 15228

Amount of Each Disbursement this Period

1000.00
---------

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

Category/  
Type

Candidate Name  
Rep. Tim F. Murphy

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: PA District: 18

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

1000.00

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

1000.00

**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)

PAGE 17 / 17

<input 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 checked="" 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)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Judy Kay Flohr

Mailing Address 233 Old Enfield Rd

City Belchertown State MA Zip Code 01007-9686

Purpose of Disbursement  
Reimbursement for contribution

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Transaction ID: B1B77E153425549C6AFD

Date of Disbursement

<sup>M</sup> 1	<sup>M</sup> /	<sup>D</sup> 0	<sup>D</sup> 5	<sup>Y</sup> 2	<sup>Y</sup> 0	<sup>Y</sup> 0	<sup>Y</sup> 9
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Amount of Each Disbursement this Period

30.00
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**SUBTOTAL** of Disbursements This Page (optional) ..... ▶

30.00
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**TOTAL** This Period (last page this line number only) ..... ▶

30.00
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