

**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"/>	<input type="text" value="240362.45"/>	<input type="text" value="240362.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="252954.17"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1568.34"/>	<input type="text" value="121770.02"/>
(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="254522.51"/>	<input type="text" value="362132.47"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7709.37"/>	<input type="text" value="115319.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="246813.14"/>	<input type="text" value="246813.14"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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).....	251.67	36693.84
(ii) Unitemized	1316.67	84576.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1568.34	121270.02
(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)	1568.34	121270.02
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))..... ▶	1568.34	121770.02
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1568.34	121770.02

DETAILED SUMMARY PAGE

of Disbursements

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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	7709.37	21269.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	7709.37	21269.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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)) ..	7709.37	115319.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7709.37	115319.33

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)	1568.34	121270.02
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1568.34	121120.02
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	7709.37	21269.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7709.37	21269.33

**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 9
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 ▼ 1230.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 30 / 2013
Transaction ID : ADB08929A9B1646D4892
 Amount of Each Receipt this Period
 85.00

B. Mrs. Lorraine E Matthews RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Pinckney St
 City Whiteville State NC Zip Code 28472-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus County Health Departm Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : A0124658D4ABE49DC81B
 Amount of Each Receipt this Period
 25.00

C. Mrs. Lorraine E Matthews RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Pinckney St
 City Whiteville State NC Zip Code 28472-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus County Health Departm Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 25 / 2013
Transaction ID : A909A789437694F338F4
 Amount of Each Receipt this Period
 25.00

SUBTOTAL of Receipts This Page (optional).....▶	135.00
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 7 OF 9
	<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. Mrs. Lorraine E Matthews RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Pinckney St
 City Whiteville State NC Zip Code 28472-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus County Health Departm Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 11 / 30 / 2013
Transaction ID : A96093551E3DB47C4BBB
 Amount of Each Receipt this Period 25.00

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 ▼ 566.00

Date of Receipt 11 / 30 / 2013
Transaction ID : A26946AE4185F4674A2D
 Amount of Each Receipt this Period 50.00

C. 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 Academy Of Nutrition And Occupation Director, Regulatory Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 375.03

Date of Receipt 11 / 30 / 2013
Transaction ID : A660EE078826F4B7FB1B
 Amount of Each Receipt this Period 41.67

SUBTOTAL of Receipts This Page (optional).....	116.67
TOTAL This Period (last page this line number only).....	251.67

**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 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. 4imprint

Mailing Address 101 Commerce St

City Oshkosh State WI Zip Code 54901-4864

Purpose of Disbursement ANDPAC Booth Setup

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : **BD0EBFD30E7E14B2CAC4**

Amount of Each Disbursement this Period

710.42

Full Name (Last, First, Middle Initial)

B. Academy Of Nutrition And

Mailing Address 120 S Riverside Plz Ste 2000

City Chicago State IL Zip Code 60606-6995

Purpose of Disbursement ANDPAC Booth Charge

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2013

Transaction ID : **B48CA12CE8F3F4F90AE6**

Amount of Each Disbursement this Period

5400.00

Full Name (Last, First, Middle Initial)

C. Clicks

Mailing Address 1120 Connecticut Ave NW Ste B100

City Washington State DC Zip Code 20036-3958

Purpose of Disbursement Printing of ANDPAC brochures/handouts

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : **B6B0C880B9B8D4E94A8F**

Amount of Each Disbursement this Period

1022.13

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

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

7132.55

**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. Media Process Group

Mailing Address 1327 W Washington

City Chicago State IL Zip Code 60607-1901

Purpose of Disbursement
ANDPAC Video Expense

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : B3173A18BAF10440C96A

Amount of Each Disbursement this Period

75.00

Full Name (Last, First, Middle Initial)

B. Pc Nametag

Mailing Address PO Box 8604

City Madison State WI Zip Code 53708-8604

Purpose of Disbursement
ANDPAC Ribbons

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 25 / 2013

Transaction ID : B41BBAE38CDCE4173B6D

Amount of Each Disbursement this Period

501.82

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)..... ▶

576.82

7709.37