

# 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 48  
 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 02 01 2009 through 02 28 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 M. Stephanie Patrick

Signature of Treasurer Electronically Filed by M. Stephanie Patrick Date 03 20 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									
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**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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

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" style="display: inline-table; border-collapse: collapse;"><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 .....	52876.94									
(c) Total Receipts (from Line 19) .....	29559.93	59259.93								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	82436.87	106267.67								
7. Total Disbursements (from Line 31) .....	23664.07	47494.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	58772.80	58772.80								
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

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name  
American Dietetic Association Political Action Committee

Report Covering the Period: From: 

M	M
0	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	2

D	D
2	8

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	3910.76	12010.76
(i) Itemized (use Schedule A) .....	25649.17	47249.17
(ii) Unitemized .....	29559.93	59259.93
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29559.93	59259.93
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)) .....	29559.93	59259.93
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29559.93	59259.93

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	14664.07	30994.87
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14664.07	30994.87
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9000.00	16500.00
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 .....	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) 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))..	23664.07	47494.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23664.07	47494.87

**DETAILED SUMMARY PAGE**  
of Disbursements

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 .....	29559.93	59259.93
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29559.93	59259.93
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14664.07	30994.87
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14664.07	30994.87

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

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

FOR LINE NUMBER: PAGE 6 / 14  
(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)  
Priscilla Carleton

Mailing Address Apt 707  
11999 Longridge Avenue

City State Zip Code  
Baton Rouge LA 70816

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

Name of Employer Occupation  
Ardent Health RD

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

**Transaction ID:** 90319.C95463

Amount of Each Receipt this Period  
250.00

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Susan C Finn

Mailing Address 2680 Sandover Rd

City State Zip Code  
Columbus OH 43220-2870

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

Name of Employer Occupation  
Finn Parks & Associates RD

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2009

**Transaction ID:** 90217.C95066

Amount of Each Receipt this Period  
200.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Judith A Gould

Mailing Address 422 Pico Way

City State Zip Code  
Sacramento CA 95819-2926

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

Name of Employer Occupation  
N/A @ PRESENT RD

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2009

**Transaction ID:** 90319.C95342

Amount of Each Receipt this Period  
250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **700.00**

**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 / 14  
(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)  
Kathryn B Hanlon

Mailing Address 18 Hickory Hill Rd

City State Zip Code  
Plantsville CT 06479-1207

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
HOSPITAL RD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 9

**Transaction ID:** 90319.C95289

Amount of Each Receipt this Period 250.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)  
Lorri Holzberg

Mailing Address 2407 Sharon Rd

City State Zip Code  
Menlo Park CA 94025-6800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CAMINO MEDICAL GROUP RD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 318.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

**Transaction ID:** 90319.C95132

Amount of Each Receipt this Period 68.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)  
Lorri Holzberg

Mailing Address 2407 Sharon Rd

City State Zip Code  
Menlo Park CA 94025-6800

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
CAMINO MEDICAL GROUP RD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 568.00

Date of Receipt M M / D D / Y Y Y Y  
0 2 / 2 5 / 2 0 0 9

**Transaction ID:** 90319.C95352

Amount of Each Receipt this Period 250.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... 568.00

**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 / 14  
(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)  
Marian C Johnson

Mailing Address 4014 Sw Holgate St

City State Zip Code  
Seattle WA 98116-2017

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

Name of Employer Occupation  
Fred Hutchinson Research DIETITIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 202.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: 90319.C95456

Amount of Each Receipt this Period  
50.00

Receipt

**B.**

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

Mailing Address Po Box 146

City State Zip Code  
Ardmore PA 19003-0146

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

Name of Employer Occupation  
SELF-EMPLOYED Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 27 / 2009

Transaction ID: 90319.C95395

Amount of Each Receipt this Period  
500.00

Receipt

**C.**

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 Occupation  
Information Requested RD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 125.00

Date of Receipt  
MM / DD / YYYY  
02 / 06 / 2009

Transaction ID: 90217.C94864

Amount of Each Receipt this Period  
125.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **675.00**

**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 / 14  
(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 ▼ 203.76

Date of Receipt  
MM / DD / YYYY  
02 / 13 / 2009

**Transaction ID:** 90217.C94954

Amount of Each Receipt this Period  
78.76

Receipt

**B.** Full Name (Last, First, Middle Initial)  
Karen A Lechowich

Mailing Address Apt 604  
50 E Bellevue Pl

City State Zip Code  
Chicago IL 60611-6105

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

Name of Employer ADA Occupation  
RD

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt  
MM / DD / YYYY  
02 / 25 / 2009

**Transaction ID:** 90319.C95346

Amount of Each Receipt this Period  
500.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Constance Locher-Bussard

Mailing Address 28 Pinehurst Dr

City State Zip Code  
Springfield IL 62704-3121

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 ▼ 1000.00

Date of Receipt  
MM / DD / YYYY  
02 / 24 / 2009

**Transaction ID:** 90319.C95134

Amount of Each Receipt this Period  
1000.00

Receipt

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1578.76**

**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 10 / 14

(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)

Patricia A Mcknight

Mailing Address 322 Naiche Ct

City State Zip Code  
Columbus OH 43213-3507

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

Name of Employer Occupation  
Mt. Carmel College of Nursing Adjunct Faculty

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 289.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: 90319.C95089

Amount of Each Receipt this Period

39.00

Receipt

**B.**

Full Name (Last, First, Middle Initial)

Stephanie Patrick

Mailing Address Ste 480  
1120 Connecticut Ave Nw

City State Zip Code  
Washington DC 20036-3989

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

Name of Employer Occupation  
American Dietetic Association Vice President, Gov. Relations

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: 90217.C95065

Amount of Each Receipt this Period

100.00

Receipt

**C.**

Full Name (Last, First, Middle Initial)

Tracy L Wilczek

Mailing Address Apt 611  
3550 Washington St

City State Zip Code  
Hollywood FL 33021-8248

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

Name of Employer Occupation  
Pritikin Longevity Center RD

Receipt For: Aggregate Year-to-Date  
 Primary  General  
 Other (specify) ▼ 250.00

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 3 / 2 0 0 9

Transaction ID: 90217.C94959

Amount of Each Receipt this Period

250.00

Receipt

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

389.00

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

3910.76

**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) Printing & Copying Huff	Transaction ID: 90217.E2003 Date of Disbursement 02 / 13 / 2009
	Mailing Address 1100 17th St NW	Amount of Each Disbursement this Period 88.13
	City Washington State DC Zip Code 20036-4609	
	Purpose of Disbursement ADAPAC Stationary supplies Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADAPAC STATIONARY SUPPLIES

B.	Full Name (Last, First, Middle Initial) Printing & Copying Huff	Transaction ID: 90319.E2009 Date of Disbursement 02 / 26 / 2009
	Mailing Address 1100 17th St NW	Amount of Each Disbursement this Period 1717.29
	City Washington State DC Zip Code 20036-4609	
	Purpose of Disbursement ADAPAC stationary paper Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADAPAC STATIONARY PAPER

C.	Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc.	Transaction ID: 90319.E2010 Date of Disbursement 02 / 26 / 2009
	Mailing Address Attn. Fran Carille 1280 Perimeter Parkway	Amount of Each Disbursement this Period 11698.39
	City Virginia Beach State VA Zip Code 23454-5689	
	Purpose of Disbursement ADAPAC fundraising expenses Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADAPAC FUNDRAISING EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>13503.81</b>
<b>TOTAL</b> 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)

PAGE 12 / 14

<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

<p><b>A.</b> Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement ADAPAC Mailings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90217.E2001</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="405.00"/></p> <p>ADAPAC MAILINGS</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Ronald Smith</p> <p>Mailing Address Ste 480 1120 Connecticut Ave Nw</p> <p>City Washington State DC Zip Code 20036-3989</p> <p>Purpose of Disbursement REIMBURSEMENT: SEE BELOW</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90217.E1999</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="755.26"/></p> <p>REIMBURSEMENT: SEE BELOW</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) La Quinta Resort &amp; Club</p> <p>Mailing Address 49-499 Eisenhower Drive</p> <p>City La Quinta State CA Zip Code 92253-</p> <p>Purpose of Disbursement Travel Reimbursement</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 90217.E2002</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="2"/> / <input type="text" value="0"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="443.70"/></p> <p><b>[MEMO ITEM]</b> MEMO: TRAVEL REIMBURSEMENT</p>

**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

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

<b>A.</b> Full Name (Last, First, Middle Initial) Kathy Dahlkemper for Congress Mailing Address 530 Seminole Dr City Erie State PA Zip Code 16505-2428 Purpose of Disbursement REP. DAHLKEMPER (D-PA-03) Candidate Name KATHLEEN ANN DAHLKEMPER Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 03	Transaction ID: 90319.E2008 Date of Disbursement 02 / 19 / 2009
	Amount of Each Disbursement this Period 5000.00 REP. DAHLKEMPER (D-PA-03)
<b>B.</b> Full Name (Last, First, Middle Initial) Jeff Merkley for Oregon Mailing Address P.O. Box 29136 City Portland State OR Zip Code 97296- Purpose of Disbursement SEN. JEFF MERKLEY (D-OR) Candidate Name JEFFREY ALAN MERKLEY Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OR District: 00	Transaction ID: 90319.E2005 Date of Disbursement 02 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 SEN. JEFF MERKLEY (D-OR)
<b>C.</b> Full Name (Last, First, Middle Initial) Congressman Tim F. Murphy Mailing Address Murphy for Congress 46 Ordale Rd City Pittsburgh State PA Zip Code 15228- Purpose of Disbursement REP. TIM MURPHY (R-PA-18) Candidate Name TIM MURPHY Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: PA District: 18	Transaction ID: 90319.E2006 Date of Disbursement 02 / 19 / 2009
	Amount of Each Disbursement this Period 1000.00 REP. TIM MURPHY (R-PA-18)

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

7000.00

**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)

PAGE 14 / 14

<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)  
Friends of Dave Reichert

Mailing Address P.O. Box 53322

City Bellevue State WA Zip Code 98015-

Purpose of Disbursement  
REP. DAVE REICHERT (R-WA-8)

Candidate Name  
DAVE REICHERT

Office Sought:  House  
 Senate  
 President

State: WA District: 08

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90319.E2007  
Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

REP. DAVE REICHERT (R-WA-8)

B.

Full Name (Last, First, Middle Initial)  
Congresswoman Janice D. Schakowsky

Mailing Address Schakowsky for Congress  
P.O. Box 5130

City Evanston State IL Zip Code 60204-

Purpose of Disbursement  
REP. JAN SCHAKOWSKY (D-IL-9)

Candidate Name  
JANICE D SCHAKOWSKY

Office Sought:  House  
 Senate  
 President

State: IL District: 09

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Transaction ID: 90319.E2004  
Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

1000.00

REP. JAN SCHAKOWSKY (D-IL-9)

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

2000.00

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

9000.00