

# 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 (12S)  
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 2011 through 02 28 2011

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 03 16 2011

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
0	2

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	2

D	D
2	8

Y	Y	Y	Y
2	0	1	1

	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>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		142181.94
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	150505.81									
(c) Total Receipts (from Line 19) .....	11489.00	19897.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	161994.81	162078.94								
7. Total Disbursements (from Line 31) .....	6073.49	6157.62								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	155921.32	155921.32								
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:    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) .....	3290.00	4225.00
(ii) Unitemized .....	8199.00	15672.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	11489.00	19897.00
(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) .....	11489.00	19897.00
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)) .....	11489.00	19897.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	11489.00	19897.00

**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.....	73.49	157.62
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	73.49	157.62
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
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))..	6073.49	6157.62
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6073.49	6157.62

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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 .....	11489.00	19897.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11489.00	19897.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	73.49	157.62
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	73.49	157.62

**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)  
Patricia Babjak

Mailing Address 120 S. Riverside Plz  
Suite 2000

City Chicago State IL Zip Code 60606-6995

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

Name of Employer American Dietetic Association Occupation CEO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 625.00

Date of Receipt 02 / 13 / 2011  
Transaction ID: A1BE246CDA9274394AD6  
Amount of Each Receipt this Period 625.00

**B.** Full Name (Last, First, Middle Initial)  
Ms. Teresa A. Nece

Mailing Address 7071 Oak Brook Dr

City Urbandale State IA Zip Code 50322-4800

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

Name of Employer Des Moines Public Schools Occupation Registered Dietitian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 02 / 17 / 2011  
Transaction ID: A839277241CFD41AB9EB  
Amount of Each Receipt this Period 25.00

**C.** Full Name (Last, First, Middle Initial)  
Ms. Teresa A. Nece

Mailing Address 7071 Oak Brook Dr

City Urbandale State IA Zip Code 50322-4800

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

Name of Employer Des Moines Public Schools Occupation Registered Dietitian

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1025.00

Date of Receipt 02 / 17 / 2011  
Transaction ID: A8E87116450784B6D814  
Amount of Each Receipt this Period 500.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1150.00

**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)  
Karen T. Bellesky

Mailing Address Apt 906  
4000 N Charles St

City State Zip Code  
Baltimore MD 21218-1762

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

Name of Employer Occupation  
Chase Brexton

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.00

Date of Receipt

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

Transaction ID: A1E1A35C8EEF647F38CA

Amount of Each Receipt this Period  
125.00

**B.**

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

Mailing Address Apt 906  
4000 N Charles St

City State Zip Code  
Baltimore MD 21218-1762

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

Name of Employer Occupation  
Chase Brexton

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 370.00

Date of Receipt

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

Transaction ID: A4537E19D7EA44E729E7

Amount of Each Receipt this Period  
20.00

**C.**

Full Name (Last, First, Middle Initial)  
Ladonna Woerdeman

Mailing Address Apt 210  
254 Northpointe Dr Ne

City State Zip Code  
Cedar Rapids IA 52402-6214

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

Name of Employer Occupation  
N/a @ Present

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

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

Transaction ID: A00E3B47D31C245C6AA8

Amount of Each Receipt this Period  
200.00

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

345.00

**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)  
Jeanne Blankenship

Mailing Address Apt 1418  
2251 Pimmit Dr

City Falls Church State VA Zip Code 22043-2829

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

Name of Employer American Dietetic Association Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
MM / DD / YYYY  
02 / 18 / 2011

**Transaction ID:** A309DEC09375843C08BB

Amount of Each Receipt this Period  
20.00

**B.**

Full Name (Last, First, Middle Initial)  
Nancy M. Lewis

Mailing Address 4507 E Eden Dr

City Lincoln State NE Zip Code 68506-2543

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

Name of Employer University Of Nebraska Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2011

**Transaction ID:** ABB66B1E93D9547DB97B

Amount of Each Receipt this Period  
500.00

**C.**

Full Name (Last, First, Middle Initial)  
Helen F. Lodge

Mailing Address 4106 Virginia Ave SE

City Charleston State WV Zip Code 25304-1606

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

Name of Employer Retired Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
02 / 20 / 2011

**Transaction ID:** AA0F3F3732EAD418FACE

Amount of Each Receipt this Period  
300.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **820.00**

**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 / 14
	<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) Lucille Beseler		Date of Receipt	
	Mailing Address Suite 108 5901 Colonial Dr		M M / D D / Y Y Y Y 0 2 / 2 0 / 2 0 1 1	
	City State Zip Code Margate FL 33063-5672		<b>Transaction ID:</b> A61B8444EAD7543E19E5	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
	Name of Employer Occupation Family Nutrition Center Rd			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Rita K. Batheja		Date of Receipt	
	Mailing Address 825 Van Buren St		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City State Zip Code Baldwin NY 11510-4653		<b>Transaction ID:</b> A17C8AB1B49C747A5BF7	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
	Name of Employer Occupation N/a @ Present Rd			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Marianne Smith Edge		Date of Receipt	
	Mailing Address 516 Ford Ave		M M / D D / Y Y Y Y 0 2 / 2 2 / 2 0 1 1	
	City State Zip Code Owensboro KY 42301-4629		<b>Transaction ID:</b> AB1320EDCC444454AB51	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00	
	Name of Employer Occupation Private Practice			
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	375.00
<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 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)  
Christina K. Bieseimer

Mailing Address 313 Logans Cir

City Franklin State TN Zip Code 37067-1363

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

Name of Employer Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2011  
**Transaction ID:** AB6ED82D14CCE427A8CD  
 Amount of Each Receipt this Period: 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin M. Yadrick

Mailing Address 3284 Hillock Dr

City Los Angeles State CA Zip Code 90068-1428

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

Name of Employer Occupation Comptrition Major Account Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2011  
**Transaction ID:** A5DF644829F574AC7B8C  
 Amount of Each Receipt this Period: 125.00

**C.**

Full Name (Last, First, Middle Initial)  
Martin M. Yadrick

Mailing Address 3284 Hillock Dr

City Los Angeles State CA Zip Code 90068-1428

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

Name of Employer Occupation Comptrition Major Account Specialist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt: 02 / 22 / 2011  
**Transaction ID:** A66C745149221446A94C  
 Amount of Each Receipt this Period: 125.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **500.00**

**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 11 / 14  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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) Karen T. Bellesky		Date of Receipt																					
	Mailing Address Apt 906 4000 N Charles St		<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>0</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>1</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	8		2	0	1	1
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	2		2	8		2	0	1	1														
	City Baltimore      State MD      Zip Code 21218-1762		<b>Transaction ID:</b> A99CEA89F7F674BBEADA																					
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																					
Name of Employer Chase Brexton      Occupation																								
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 470.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>100.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>3290.00</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 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

A.

Full Name (Last, First, Middle Initial)

Membership Marketing Services, Inc.

Transaction ID: B69DBAB6238DE491B97C

Date of Disbursement

Mailing Address Attn. Fran Carille  
1280 Perimeter Parkway

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

City Virginia Beach State VA Zip Code 23454-5689

Amount of Each Disbursement this Period

73.49
-------

Purpose of Disbursement  
ADAPAC fundraising expenses

--

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

73.49

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

73.49



**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

<b>A.</b> Full Name (Last, First, Middle Initial) Senator Barbara Boxer	Transaction ID: B0B6F2B6983AB437A876 Date of Disbursement 02 / 28 / 2011	
	Mailing Address FRIENDS OF BARBARA BOXER PO Box 641751	Amount of Each Disbursement this Period -1000.00
City Los Angeles	State CA	Zip Code 90064
Purpose of Disbursement Support of Sen. Boxer [CA-D]	Category/ Type	
Candidate Name Sen. Barbara Boxer	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	
<b>B.</b> Full Name (Last, First, Middle Initial) Senator Barbara Boxer	Transaction ID: BDBFEAB6C7BC547EE9CA Date of Disbursement 02 / 28 / 2011	
	Mailing Address FRIENDS OF BARBARA BOXER PO Box 641751	Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	Zip Code 90064
Purpose of Disbursement Support of Sen. Boxer [CA-D]	Category/ Type	
Candidate Name Sen. Barbara Boxer	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District:	

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

0.00

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

6000.00