

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 2008 through 02 29 2008

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 2008

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	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25677.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	24072.80									
(c) Total Receipts (from Line 19)	26900.50	42569.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50973.30	68246.70								
7. Total Disbursements (from Line 31)	26303.18	43576.58								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24670.12	24670.12								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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	8

 To:

M	M
0	2

D	D
2	9

Y	Y	Y	Y
2	0	0	8

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	8775.00	12525.00
(i) Itemized (use Schedule A)	18125.50	30044.16
(ii) Unitemized	26900.50	42569.16
(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)	26900.50	42569.16
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))	26900.50	42569.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26900.50	42569.16

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.....	5303.18	15551.58
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	5303.18	15551.58
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	28000.00
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	25.00
(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	25.00
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))..	26303.18	43576.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26303.18	43576.58

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	26900.50	42569.16
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26900.50	42544.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5303.18	15551.58
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5303.18	15551.58

**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 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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)
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 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 / 2008

Transaction ID: 80318.C88639

Amount of Each Receipt this Period
250.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Lucille Beseler

Mailing Address Ste 108
5901 Colonial Dr

City State Zip Code
Margate FL 33063-5672

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 / 08 / 2008

Transaction ID: 80213.C88471

Amount of Each Receipt this Period
250.00

Receipt

C.

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 / 08 / 2008

Transaction ID: 80213.C88470

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **750.00**

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 / 22
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Elissa R Cruz		Date of Receipt
	Mailing Address 20655 Walnut Valley Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 1 9 / 2 0 0 8
	City	State	Zip Code
	Walnut	CA	91789-1025
	FEC ID number of contributing federal political committee. C		Transaction ID: 80318.C88559
Name of Employer E.C. Nutrition Solutions		Occupation RD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 125.00
		<input type="text"/> 250.00	Receipt

B.	Full Name (Last, First, Middle Initial) Lisa M Dagleish		Date of Receipt
	Mailing Address 625 Ansley Dr		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 2 5 / 2 0 0 8
	City	State	Zip Code
	Saint Joseph	MI	49085-3603
	FEC ID number of contributing federal political committee. C		Transaction ID: 80318.C88644
Name of Employer ARAMARK		Occupation RD	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00
		<input type="text"/> 300.00	Receipt

C.	Full Name (Last, First, Middle Initial) Virginia J Dantone-debarbieris		Date of Receipt
	Mailing Address 112 River Oaks Drive		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 0 2 / 0 7 / 2 0 0 8
	City	State	Zip Code
	La Place	LA	70068
	FEC ID number of contributing federal political committee. C		Transaction ID: 80213.C88420
Name of Employer Nutrition Education Resources		Occupation President	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00
		<input type="text"/> 1000.00	Receipt

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 1425.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Cecilia Pozo Fileti	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address Bldg A 1251 N Dixboro Rd	Transaction ID: 80318.C88585
	City Ann Arbor State MI Zip Code 48105-9724	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer CPF INC Occupation Nutrition Consultant Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 250.00	

B.	Full Name (Last, First, Middle Initial) Tracy A Fox	Date of Receipt MM / DD / YYYY 02 / 12 / 2008
	Mailing Address 5927 Beech Ave	Transaction ID: 80213.C88527
	City Bethesda State MD Zip Code 20817-3422	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer SELF-EMPLOYED Occupation DIETITIAN Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 200.00	

C.	Full Name (Last, First, Middle Initial) Margaret P Garner	Date of Receipt MM / DD / YYYY 02 / 25 / 2008
	Mailing Address 9 Dunbrook	Transaction ID: 80318.C88684
	City Tuscaloosa State AL Zip Code 35406	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer University of Alabama - Birmin Occupation Associate Professor Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/> Aggregate Year-to-Date 200.00	

SUBTOTAL of Receipts This Page (optional)	550.00
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 / 22

(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)
Carolyn C Harrington

Mailing Address 4018 Riverview Dr

City State Zip Code
Wausau WI 54403-2251

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Aspirus Clinics, INC Program coordinator

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 8

Transaction ID: 80318.C88637

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 ▼ 300.00

Date of Receipt M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 80318.C88661

Amount of Each Receipt this Period 300.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Carla S Honselman

Mailing Address 317 E 1700th Rd

City State Zip Code
Casey IL 62420-3028

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 M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 8

Transaction ID: 80318.C88665

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) 800.00

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 10 / 22
(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)
Susan H Laramée

Mailing Address 49 South Street

City State Zip Code
Rockport MA 01966

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

Name of Employer Occupation
SODEXHO General Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 80318.C88601

Amount of Each Receipt this Period
250.00

Receipt

B.

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

Mailing Address Apt 604
50 E Bellevue PI

City State Zip Code
Chicago IL 60611-6105

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

Name of Employer Occupation
ADA RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80213.C88462

Amount of Each Receipt this Period
600.00

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 Occupation
N/A @ PRESENT RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80213.C88468

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 1850.00

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 / 22
(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)
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 REGISTERED DIETITIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 02 / 25 / 2008

Transaction ID: 80318.C88682

Amount of Each Receipt this Period 500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Ronald S Moen

Mailing Address Apt 3010
605 W Madison St

City Chicago State IL Zip Code 60661-2480

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

Name of Employer American Dietetic Association Occupation Chief Executive Officer

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 02 / 12 / 2008

Transaction ID: 80213.C88535

Amount of Each Receipt this Period 900.00

Receipt

C.

Full Name (Last, First, Middle Initial)
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 DIR OF FOOD SERVICES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2008

Transaction ID: 80318.C88649

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1650.00**

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 / 22
(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

A. Full Name (Last, First, Middle Initial)
Michelle D Nichols

Mailing Address Apt 208
3251 Sabal Palm Mnr

City Hollywood State FL Zip Code 33024-9010

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

Name of Employer N/A @ PRESENT Occupation RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2008
Transaction ID: 80318.C88657
Amount of Each Receipt this Period 250.00
Receipt

B. Full Name (Last, First, Middle Initial)
Marsha K Schofield

Mailing Address 4186 Cheval Circle

City Stow State OH Zip Code 44224

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

Name of Employer Summit County Health District Occupation Regional Vice President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 08 / 2008
Transaction ID: 80213.C88490
Amount of Each Receipt this Period 250.00
Receipt

C. Full Name (Last, First, Middle Initial)
Roger A Shewmake

Mailing Address Dept Of Family Medicine
1400 W 22nd St

City Sioux Falls State SD Zip Code 57105-1505

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

Name of Employer Family Medicine Clinic Adminis Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2008
Transaction ID: 80318.C88642
Amount of Each Receipt this Period 250.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 750.00

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 13 / 22
(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)
Mary W Vester-toews

Mailing Address 2099 W Via Tivoli

City State Zip Code
Fresno CA 93711-2885

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 25 / 2008

Transaction ID: 80318.C88617

Amount of Each Receipt this Period
500.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Mary Suzy K Weems

Mailing Address 1109 Castle Bluff Circle

City State Zip Code
Waco TX 76712

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

Name of Employer Occupation
Baylor University Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 08 / 2008

Transaction ID: 80213.C88485

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1000.00
TOTAL This Period (last page this line number only)	▶	8775.00

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Aristotle International Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement PM SQL Hosting Candidate Name 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) ▼	Transaction ID: 80318.E1821 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 1 / 2 0 0 8 Amount of Each Disbursement this Period 2700.00 PM SQL HOSTING
B.	Full Name (Last, First, Middle Initial) Lucille Beseler Mailing Address Ste 108 5901 Colonial Dr City Margate State FL Zip Code 33063-5672 Purpose of Disbursement Food and Drink reimbursement Candidate Name 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) ▼	Transaction ID: 80213.E1815 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 156.08 FOOD AND DRINK REIMBURSEMENT
C.	Full Name (Last, First, Middle Initial) Lucille Beseler Mailing Address Ste 108 5901 Colonial Dr City Margate State FL Zip Code 33063-5672 Purpose of Disbursement PPW Reimbursement Candidate Name 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) ▼	Transaction ID: 80213.E1814 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 549.18 PPW REIMBURSEMENT

SUBTOTAL of Disbursements This Page (optional) ▶	3405.26
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 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) Roger A Shewmake <hr/> Mailing Address Dept Of Family Medicine 1400 W 22nd St <hr/> City Sioux Falls State SD Zip Code 57105-1505 <hr/> Purpose of Disbursement Reimbursement for PPW Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 80318.E1823 Date of Disbursement 02 / 21 / 2008 <hr/> Amount of Each Disbursement this Period 312.63 <hr/> REIMBURSEMENT FOR PPW
B.	Full Name (Last, First, Middle Initial) Ronald Smith <hr/> Mailing Address Ste 480 1120 Connecticut Ave Nw <hr/> City Washington State DC Zip Code 20036-3989 <hr/> Purpose of Disbursement Reimbursement for PPW - Buttons Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 80213.E1809 Date of Disbursement 02 / 12 / 2008 <hr/> Amount of Each Disbursement this Period 131.58 <hr/> REIMBURSEMENT FOR PPW - BUTTONS
C.	Full Name (Last, First, Middle Initial) Jennifer Teters <hr/> Mailing Address 1120 Connecticut Ave NW <hr/> City Washington State DC Zip Code 20036-3905 <hr/> Purpose of Disbursement Reimbursement for PPW materials Candidate Name <input type="text"/> Category/Type <input type="text"/> <hr/> 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:	Transaction ID: 80213.E1808 Date of Disbursement 02 / 07 / 2008 <hr/> Amount of Each Disbursement this Period 93.39 <hr/> REIMBURSEMENT FOR PPW MATERIALS

SUBTOTAL of Disbursements This Page (optional) ▶

537.60

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 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) Jennifer Teters Mailing Address 1120 Connecticut Ave NW City Washington State DC Zip Code 20036-3905 Purpose of Disbursement reimbursement for travel conferenc Candidate Name 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) ▼	Transaction ID: 80213.E1810 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8
	Amount of Each Disbursement this Period 295.00 REIMBURSEMENT FOR TRAVEL CONFERENC
B. Full Name (Last, First, Middle Initial) Jennifer Teters Mailing Address 1120 Connecticut Ave NW City Washington State DC Zip Code 20036-3905 Purpose of Disbursement Reimbursement PAC Conference Candidate Name 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) ▼	Transaction ID: 80318.E1824 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 8 / 2 0 0 8
	Amount of Each Disbursement this Period 549.07 REIMBURSEMENT PAC CONFERENCE

SUBTOTAL of Disbursements This Page (optional)	844.07
TOTAL This Period (last page this line number only)	4786.93

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Congressman Xavier Becerra</p> <p>Mailing Address BECERRA FOR CONGRESS PO Box 261060</p> <p>City Los Angeles State CA Zip Code 90026-</p> <p>Purpose of Disbursement REP. BECERRA (D-CA-31)</p> <p>Candidate Name XAVIER BECERRA</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: CA District: 31</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1833 Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. BECERRA (D-CA-31)</p>
<p>B. Full Name (Last, First, Middle Initial) Congresswoman Shelley Berkley</p> <p>Mailing Address BERKLEY FOR CONGRESS COMMITTEE 3069 Conquista Court</p> <p>City Las Vegas State NV Zip Code 89121-</p> <p>Purpose of Disbursement REP. BERKLEY (D-NV-1)</p> <p>Candidate Name SHELLEY BERKLEY</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: NV District: 01</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1832 Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. BERKLEY (D-NV-1)</p>
<p>C. Full Name (Last, First, Middle Initial) Senator Norm Coleman</p> <p>Mailing Address Coleman for Senate 08 7300 Hudson Blvd.</p> <p>City Saint Paul State MN Zip Code 55128-</p> <p>Purpose of Disbursement SEN. NORM COLEMAN (R-MN)</p> <p>Candidate Name NORM COLEMAN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: MN District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E1817 Date of Disbursement 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>SEN. NORM COLEMAN (R-MN)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) Democratic Senatorial Campaign Committee Mailing Address 120 Maryland Avenue City Washington State DC Zip Code 20002- Purpose of Disbursement DSCC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80213.E1820 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 1 2 / 2 0 0 8 Amount of Each Disbursement this Period 2000.00 DSCC
B.	Full Name (Last, First, Middle Initial) Congresswoman Diana DeGette Mailing Address DIANA DEGETTE FOR CONGRESS INC P.O. Box 61337 City Denver State CO Zip Code 80206-8337 Purpose of Disbursement REP. DEGETTE (D-CO-1) Candidate Name DIANA L DEGETTE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: CO District: 01	Transaction ID: 80318.E1831 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 REP. DEGETTE (D-CO-1)
C.	Full Name (Last, First, Middle Initial) Congressman Rahm Emanuel Mailing Address FRIENDS OF RAHM EMANUEL 1059 West Belmont City Chicago State IL Zip Code 60657- Purpose of Disbursement REP. EMANUEL (D-IL-5) Candidate Name RAHM EMANUEL Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IL District: 05	Transaction ID: 80318.E1835 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 Amount of Each Disbursement this Period 1000.00 REP. EMANUEL (D-IL-5)

SUBTOTAL of Disbursements This Page (optional) ▶	4000.00
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

<p>A. Full Name (Last, First, Middle Initial) Rep. Trent Franks</p> <p>Mailing Address 12416 N. 57th Drive</p> <p>City Glendale State AZ Zip Code 85304-</p> <p>Purpose of Disbursement REP. TRENT FRANKS (R-AZ)</p> <p>Candidate Name TRENT FRANKS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AZ District: 02</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1825 Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. TRENT FRANKS (R-AZ)</p>
<p>B. Full Name (Last, First, Middle Initial) Next Century Fund</p> <p>Mailing Address 116 S Royal St</p> <p>City Alexandria State VA Zip Code 22314-3328</p> <p>Purpose of Disbursement SEN. RICHARD BURR (R-NC)</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: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E1818 Date of Disbursement: 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>SEN. RICHARD BURR (R-NC)</p>
<p>C. Full Name (Last, First, Middle Initial) Johanns for U.S. Senate</p> <p>Mailing Address 1201 O Street Suite 101</p> <p>City Lincoln State NE Zip Code 68506-</p> <p>Purpose of Disbursement GOV. MIKE JOHANNIS (R-NE)</p> <p>Candidate Name MICHAEL O JOHANNIS</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NE District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1826 Date of Disbursement: 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>GOV. MIKE JOHANNIS (R-NE)</p>

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)

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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) TRUST PAC <hr/> Mailing Address 104 Hume Ave <hr/> City Alexandria State VA Zip Code 22301-1015 <hr/> Purpose of Disbursement REP. FRED UPTON (R-MI) Candidate Name _____ _____ _____ Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80318.E1827 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period _____ 1000.00 <hr/> REP. FRED UPTON (R-MI)
B.	Full Name (Last, First, Middle Initial) Rep. Allyson Schwartz <hr/> Mailing Address P.O. Box 2282 <hr/> City Jenkintown State PA Zip Code 19046- <hr/> Purpose of Disbursement REP. SCHWARTZ (D-PA-13) Candidate Name ALLYSON Y SCHWARTZ _____ _____ _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80318.E1828 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period _____ 1000.00 <hr/> REP. SCHWARTZ (D-PA-13)
C.	Full Name (Last, First, Middle Initial) Congressman Fortney Peter Stark <hr/> Mailing Address PETE STARK RE-ELECTION COMMITTEE PO Box 8331 <hr/> City Fremont State CA Zip Code 94537- <hr/> Purpose of Disbursement REP. STARK (D-CA-13) Candidate Name PETE STARK _____ _____ _____ Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80318.E1830 Date of Disbursement M M / D D / Y Y Y Y 0 2 / 2 9 / 2 0 0 8 <hr/> Amount of Each Disbursement this Period _____ 1000.00 <hr/> REP. STARK (D-CA-13)

SUBTOTAL of Disbursements This Page (optional) ▶

_____ 3000.00

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Udall for Colorado</p> <p>Mailing Address P.O. Box 40158</p> <p>City Denver State CO Zip Code 80204-</p> <p>Purpose of Disbursement REP. MARK UDALL (D-CO-2)</p> <p>Candidate Name MARK E UDALL</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1829 Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. MARK UDALL (D-CO-2)</p>
<p>B. Full Name (Last, First, Middle Initial) Friends of Mark Warner</p> <p>Mailing Address 201 North Union Street Suite 350</p> <p>City Alexandria State VA Zip Code 22314-</p> <p>Purpose of Disbursement MARK WARNER (D-VA)</p> <p>Candidate Name MARK ROBERT WARNER</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80213.E1819 Date of Disbursement 02 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>MARK WARNER (D-VA)</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman David Wu</p> <p>Mailing Address Dave Wu for Congress 818 SW 3rd St #1182</p> <p>City Portland State OR Zip Code 97205-</p> <p>Purpose of Disbursement REP. DAVID WU (D-OR-1)</p> <p>Candidate Name DAVID WU</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OR District: 01</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80318.E1834 Date of Disbursement 02 / 29 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. DAVID WU (D-OR-1)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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

21000.00

Image# 28990620269

Form/Schedule: **F3XN**
Transaction ID:

Trust PAC Committee ID #C00330720. Trust PAC Committee ID # is entered in the system but is not showing in the
FEC Report.
