

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 / / through / /

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 Paul A Mifsud [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		240362.45
(b) Cash on Hand at Beginning of Reporting Period.....	280727.56	
(c) Total Receipts (from Line 19)	5492.84	90651.37
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	286220.40	331013.82
7. Total Disbursements (from Line 31).....	13066.54	57859.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	273153.86	273153.86
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

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period: From: 06 / 01 / 2013 To: 06 / 30 / 2013

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).....	1471.00	20426.49
(ii) Unitemized	4021.84	70224.88
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5492.84	90651.37
(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)	5492.84	90651.37
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 Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5492.84	90651.37
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5492.84	90651.37

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	2066.54	13559.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2066.54	13559.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11000.00	44150.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	150.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	150.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13066.54	57859.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13066.54	57859.96

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5492.84	90651.37
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5492.84	90501.37
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2066.54	13559.96
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2066.54	13559.96

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Mary W Vester-Toews
 Full Name (Last, First, Middle Initial)
 Mailing Address 2099 W Via Tivoli
 City Fresno State CA Zip Code 93711-2885
 FEC ID number of contributing federal political committee. **C**
 Name of Employer N/a @ Present Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **676.49**

Date of Receipt **06 / 26 / 2013**
Transaction ID : A0A015F6A4A43473E9B5
 Amount of Each Receipt this Period **11.00**

B. Lisa Eaton Wright
 Full Name (Last, First, Middle Initial)
 Mailing Address 12 Hilltop Ct
 City Lemont State IL Zip Code 60439-6134
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Moraine Valley Community College Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **295.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : AAFB1633B12194BD5A6A
 Amount of Each Receipt this Period **25.00**

C. Constance Locher-Bussard
 Full Name (Last, First, Middle Initial)
 Mailing Address 28 Pinehurst Dr
 City Springfield State IL Zip Code 62704-3121
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **1175.00**

Date of Receipt **06 / 28 / 2013**
Transaction ID : AB4ADEE1EC1C84705994
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	536.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 14
	<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	<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)
Academy of Nutrition and Dietetics Political Action Committee

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

Mailing Address 5350 W Hillsboro Blvd
Ste 105

City Coconut Creek State FL Zip Code 33073-4396

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

Name of Employer Family Nutrition Center Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
06 / 30 / 2013
Transaction ID : **AFE733D8AD0D04607B79**

Amount of Each Receipt this Period
100.00

B. Marcia A Kyle
Full Name (Last, First, Middle Initial)

Mailing Address 146 Mistic Ave

City Rockport State ME Zip Code 04856-5730

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

Name of Employer Penbay Healthcare Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
06 / 30 / 2013
Transaction ID : **AE616D275F9B942C68B7**

Amount of Each Receipt this Period
100.00

C. Mary K Russell
Full Name (Last, First, Middle Initial)

Mailing Address 130 S. Canal St. #617

City Chicago State IL Zip Code 60606-3909

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

Name of Employer University of Chicago Hospital Medical Occupation Director, Clinical Nutrition

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
06 / 30 / 2013
Transaction ID : **A9D13E3768337472F94D**

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00

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 8 OF 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<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)
Academy of Nutrition and Dietetics Political Action Committee

A. Paul A Mifsud
 Full Name (Last, First, Middle Initial)
 Mailing Address Suite 2000
 120 S Riverside Plz
 City Chicago State IL Zip Code 60606-6995
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Academy Of Nutrition And Occupation Chief Financial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : A5216A48B4F004E7A906
 Amount of Each Receipt this Period
 50.00

B. Trisha Fuhrman
 Full Name (Last, First, Middle Initial)
 Mailing Address 1932 Prospector Ridge Dr
 City Ballwin State MO Zip Code 63011-4808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Coram, Inc. Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 735.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : A028373C723AF4FE2943
 Amount of Each Receipt this Period
 85.00

c. Debra L King
 Full Name (Last, First, Middle Initial)
 Mailing Address 8045 Key Largo
 City Belton State TX Zip Code 76513-5770
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Crown Consulting Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 30 / 2013
Transaction ID : A9652310EFDB14313B1E
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶	235.00
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 OF 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

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

Mailing Address 342 Leeward Dr

City Stokesdale	State NC	Zip Code 27357-8655
--------------------	-------------	------------------------

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

Name of Employer University Of North Carol	Occupation
---	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
475.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2013

Transaction ID : ADB09B6E4FDA444F586B

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	250.00
TOTAL This Period (last page this line number only).....▶	1471.00

**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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Palmer Printing

Mailing Address 739 S Clark St

City Chicago State IL Zip Code 60605-1722

Purpose of Disbursement
ANDPAC Letterhead and Envelopes

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2013

Transaction ID : B5C98412937B4473F87A

Amount of Each Disbursement this Period

2025.66

Full Name (Last, First, Middle Initial)

B. Berit M Christensen

Mailing Address 102 Irving St NW
National Rehab Hospital

City Washington State DC Zip Code 20010-2921

Purpose of Disbursement
PAC Meeting Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2013

Transaction ID : B4A1887D8F12541E3AB0

Amount of Each Disbursement this Period

40.88

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

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

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

2066.54

2066.54

**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)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Collins for Senator

Mailing Address COLLINS FOR SENATOR
PO Box 1096

City Bangor State ME Zip Code 04402-1096

Purpose of Disbursement
Susan Collins [R-ME]

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2013

Transaction ID : B218B2AA0DC304EA0AA5

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Leadership for Today and Tomorrow

Mailing Address 607 14th St NW
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement
Leadership PAC [D]

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2013

Transaction ID : BFD98CFED3A8A453096F

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Congresswoman Betty McCollum

Mailing Address MCCOLLUM FOR CONGRESS
P.O. Box 14131

City Saint Paul State MN Zip Code 55114

Purpose of Disbursement
Betty McCollum [D-MN-04]

Candidate Name

Rep. Betty McCollum

Office Sought: House Senate President
State: MN District: 04

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 18 / 2013

Transaction ID : B61225026AB8F484E82E

Amount of Each Disbursement this Period

1000.00

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

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

3000.00

**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 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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial) A. Murphy for Congress		Date of Disbursement MM / DD / YYYY 06 / 19 / 2013
Mailing Address Murphy for Congress 46 Ordale Rd		Transaction ID : B2EF9A8AE42CA454C85C
City Pittsburgh	State PA	
Purpose of Disbursement Rep. Tim Murphy [R-PA-18]		Amount of Each Disbursement this Period 1000.00
Candidate Name Rep. Tim F. Murphy		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input 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: PA	District: 18	

Full Name (Last, First, Middle Initial) B. Friends of Dick Durbin		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address 200 E Jefferson St		Transaction ID : B8EF94E76DD204725BF1
City Falls Church	State VA	
Purpose of Disbursement Richard J. Durbin [D-IL]		Amount of Each Disbursement this Period 1000.00
Candidate Name Sen. Richard J. Durbin		Category/ Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District:	

Full Name (Last, First, Middle Initial) C. KUSTER FOR CONGRESS, INC.		Date of Disbursement MM / DD / YYYY 06 / 18 / 2013
Mailing Address P.O. BOX 1498		Transaction ID : B4AC76EDBAA34432293F
City CONCORD	State NH	
Purpose of Disbursement Ann Kuster [D-NH-02]		Amount of Each Disbursement this Period 1000.00
Candidate Name Ann Mclane Kuster		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input 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: NH	District: 02	

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Braley for Iowa

Mailing Address 2813 Virginia Place

City Des Moines State IA Zip Code 50321-1536

Purpose of Disbursement
Rep. Bruce Braley [D-IA-01]

Candidate Name
Rep. Bruce L. Braley

Office Sought: House Senate President
Disbursement For: 2013 Primary General Other (specify) ▼
State: IA District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2013

Transaction ID : **B43FD86BB4D02495899F**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Volunteers for Shimkus

Mailing Address VOLUNTEERS FOR SHIMKUS
P.O. Box 5458

City Springfield State IL Zip Code 62705-5458

Purpose of Disbursement
John M. Shimkus [IL-15-R]

Candidate Name

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: District:

Date of Disbursement

MM / DD / YYYY
06 / 18 / 2013

Transaction ID : **BD7DF6263D66F49E39E1**

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Friends of Michelle

Mailing Address 2015 DIETZ PL NW

City Albuquerque State NM Zip Code 87107-3240

Purpose of Disbursement
Michelle Lujan Grisham [D-01-NM]

Candidate Name
Rep. Michelle Lujan Grisham

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NM District: 01

Date of Disbursement

MM / DD / YYYY
06 / 19 / 2013

Transaction ID : **B40D762FF9FB54847A25**

Amount of Each Disbursement this Period

1000.00

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

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

4000.00

**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 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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JEANNE SHAHEEN

Mailing Address 105 N STATE STREET

City Concord State NH Zip Code 03301-4334

Purpose of Disbursement
Jeanne Shaheen [D-NH]

Candidate Name
Sen. Jeanne Shaheen

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: NH District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 18 / 2013

Transaction ID : BD43F1F97A6D14DB5AD2

Amount of Each Disbursement this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

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

1000.00

11000.00