

**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="2015"/>		169473.35
(b) Cash on Hand at Beginning of Reporting Period.....	195364.04	
(c) Total Receipts (from Line 19)	7282.50	99855.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	202646.54	269328.85
7. Total Disbursements (from Line 31).....	22323.63	89005.94
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	180322.91	180322.91
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: / / 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).....	4802.00	33408.00
(ii) Unitemized	2480.50	66447.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7282.50	99855.50
(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)	7282.50	99855.50
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))..... ▶	7282.50	99855.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	7282.50	99855.50

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	1323.63	12905.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1323.63	12905.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	21000.00	76100.00
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	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) 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)) ..	22323.63	89005.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22323.63	89005.94

DETAILED SUMMARY PAGE
of Disbursements

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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)	7282.50	99855.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7282.50	99855.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	1323.63	12905.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1323.63	12905.94

**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 25
	<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)
Academy of Nutrition and Dietetics Political Action Committee

A. Mrs. Mary W Vester-Toews
 Full Name (Last, First, Middle Initial)
 Mailing Address 5446 N Palm Ave
 Ste 105
 City Fresno State CA Zip Code 93704-1945
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Dietary Directions, Inc. Occupation Rdn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1060.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 01 / 2015
Transaction ID : A3B86F322AD8D4636858
 Amount of Each Receipt this Period
 125.00

B. Ms. Candace S Johnson
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 24124
 City Denver State CO Zip Code 80224-0124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer C S Johnson & Associates Occupation Self Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 935.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : AD4A66C159D2948F1823
 Amount of Each Receipt this Period
 510.00
 In-kind: Silent Auction

C. Mrs. Diane W Heller
 Full Name (Last, First, Middle Initial)
 Mailing Address 4551 Blackland Dr
 City Marietta State GA Zip Code 30067-4767
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nutrition Solutions Occupation Nutrition Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1020.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : A91B1CC939F4E403E80A
 Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1635.00
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 25
	<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)
Academy of Nutrition and Dietetics Political Action Committee

A. Ms. Jeanne Blankenship RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Connecticut Ave NW
 Ste 460
 City Washington State DC Zip Code 20036-3953
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Academy of Nutrition and Dietetics Occupation VP, Policy Initiatives & Advocacy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 02 / 2015
Transaction ID : A956DC9FFD99D4338A0A
 Amount of Each Receipt this Period
500.00

B. Ms. Roaxana Tamijani
 Full Name (Last, First, Middle Initial)
 Mailing Address 9838 Sageaspen Ln
 City Houston State TX Zip Code 77089-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Affairs Medical Ctr. Occupation Clinical Dietitian
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2015
Transaction ID : A9826BBA91FB34FCCA4B
 Amount of Each Receipt this Period
25.00

C. Mrs. Becky Dorner RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 14656 Glen Eden Dr
 City Naples State FL Zip Code 34110-3666
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-employed Occupation Rdn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 08 / 2015
Transaction ID : A27DF36B8EF66416DB47
 Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional)..... **575.00**
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 25
	<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)
Academy of Nutrition and Dietetics Political Action Committee

A. Mrs. Linda T Farr
 Full Name (Last, First, Middle Initial)
 Mailing Address 4414 Centerview Ste 233
 City San Antonio State TX Zip Code 78228-1405
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nutrition Assoc of San Antonio Occupation Consultant Rd
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015
Transaction ID : A3F1F5275866E45CFB54
 Amount of Each Receipt this Period 105.00

B. Ms. Lisa S Paige
 Full Name (Last, First, Middle Initial)
 Mailing Address 1906 Blake Ave
 City Glenwood Springs State CO Zip Code 81601-4227
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Red Runner Coaching Occupation Health Coach
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 09 / 08 / 2015
Transaction ID : A7132AE707FCE463C998
 Amount of Each Receipt this Period 125.00

C. Mrs. Tammy M Beasley RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 3011 Basswood Way SE
 City Brownsboro State AL Zip Code 35741-9391
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Castlewood Treatment Centers Occupation National Education Coordinator
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 09 / 12 / 2015
Transaction ID : A75D8D67C7EE94F7E92F
 Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional).....▶	480.00
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 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

A. Mrs. Mary Lynn Moore RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 5229
 City Jackson State MS Zip Code 39296-5229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nutrition Systems Consult Occupation Rdn
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 14 / 2015**
Transaction ID : A3A97DBAF683B4DC0A4A
 Amount of Each Receipt this Period **50.00**

B. Renee M Hinojosa
 Full Name (Last, First, Middle Initial)
 Mailing Address 1519 Palmer Dr
 City Laredo State TX Zip Code 78045-1913
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Harris County Sherriff's Office Occupation Director Food & Nutr
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : AE7B3A0AAB8464EAB90A
 Amount of Each Receipt this Period **250.00**

C. Dr. Kendra K Kattelmann
 Full Name (Last, First, Middle Initial)
 Mailing Address Kathy R Elenkiwich Rotunda Lane, S Swg 425
 City Brookings State SD Zip Code 57007-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer South Dakota State University Occupation Program Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **450.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : A690F850E9ECB45F285A
 Amount of Each Receipt this Period **250.00**

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: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

A. Mrs. Hanna L Kelley
 Full Name (Last, First, Middle Initial)
 Mailing Address 6161 S Proctor Rd
 City Muncie State IN Zip Code 47302-8947
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Indiana Academy of Nutrition and Dietetics Occupation Executive Director
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : AEB7D718F200B4DA887B
 Amount of Each Receipt this Period **125.00**

B. Ms. Roaxana Tamijani
 Full Name (Last, First, Middle Initial)
 Mailing Address 9838 Sageaspen Ln
 City Houston State TX Zip Code 77089-3502
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Veterans Affairs Medical Ctr. Occupation Clinical Dietitian
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **275.00**

Date of Receipt **09 / 17 / 2015**
Transaction ID : A05FC1651A0DF4C28844
 Amount of Each Receipt this Period **25.00**

C. Mrs. Christine K Weithman
 Full Name (Last, First, Middle Initial)
 Mailing Address 59 Temple Pl Ste 704
 City Boston State MA Zip Code 02111-1342
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Health Management Resources Occupation Rd
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **250.00**

Date of Receipt **09 / 18 / 2015**
Transaction ID : A0C14039BBFC84202B68
 Amount of Each Receipt this Period **50.00**

SUBTOTAL of Receipts This Page (optional)..... **200.00**
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 12 OF 25
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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

Full Name (Last, First, Middle Initial) A. Ms. Charlotte A Hayes		Date of Receipt
Mailing Address 2144 Hills Ave NW Ste A		<input type="text" value="09"/> / <input type="text" value="28"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A1D7E9090A00F44ABAC6
Atlanta	GA	Amount of Each Receipt this Period
Zip Code		<input type="text" value="52.00"/>
30318-2805		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Team Novo Nordisk	Rd	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="354.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Mrs. Julie H Haase RDN		Date of Receipt
Mailing Address 154 S 78th St		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : A2AA8CAAF2FDC47AE827
Milwaukee	WI	Amount of Each Receipt this Period
Zip Code		<input type="text" value="5.00"/>
53214-1407		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Wheaton Franciscan Health	Clinical Nutrition Manager	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="315.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Mr. Pepin Tuma		Date of Receipt
Mailing Address 1120 Connecticut Ave NW Ste 460		<input type="text" value="09"/> / <input type="text" value="30"/> / <input type="text" value="2015"/>
City	State	Transaction ID : AF9D7DBD2FDDE4AAD90C
Washington	DC	Amount of Each Receipt this Period
Zip Code		<input type="text" value="50.00"/>
20036-3953		
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	
Name of Employer	Occupation	
Academy Of Nutrition And	Director, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="200.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="107.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

**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 14 OF 25
	<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
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NAME OF COMMITTEE (In Full)
Academy of Nutrition and Dietetics Political Action Committee

A. Mr. Paul A Mifsud
 Full Name (Last, First, Middle Initial)
 Mailing Address 120 S Riverside Plz
 Ste 2000
 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 ▼ 458.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A2867416CA02A4505BD9
 Amount of Each Receipt this Period
 50.00

B. Mrs. Lorraine E Matthews RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 304 Jefferson St
 City Whiteville State NC Zip Code 28472-3602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus County Health Departm Occupation Rdn
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : A57CC189571E94617838
 Amount of Each Receipt this Period
 25.00

C. Ms. Mary Pat Raimondi
 Full Name (Last, First, Middle Initial)
 Mailing Address 1120 Connecticut Ave NW
 Ste 480
 City Washington State DC Zip Code 20036-3989
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Academy-staff Occupation RD - Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 530.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2015
Transaction ID : ADBADAD8AD5FC48A685C
 Amount of Each Receipt this Period
 45.00

SUBTOTAL of Receipts This Page (optional).....▶	120.00
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 15 OF 25
(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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)
A. Mrs. Betty A Krauss

Mailing Address 1134 Maplegrove Dr NW

City Grand Rapids State MI Zip Code 49504-3838

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

Name of Employer Spectrum Healthcare Occupation Rdn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
09 / 30 / 2015
Transaction ID : A01C1518721624F9997F

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Mrs. Betty A Krauss

Mailing Address 1134 Maplegrove Dr NW

City Grand Rapids State MI Zip Code 49504-3838

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

Name of Employer Spectrum Healthcare Occupation Rdn

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
09 / 30 / 2015
Transaction ID : A2A002AD1F7204B7CBB8

Amount of Each Receipt this Period
50.00

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	4802.00

**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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ms. Candace S Johnson

Mailing Address PO Box 24124

City State Zip Code
Denver CO 80224-0124

Purpose of Disbursement
In-kind: Silent Auction

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2015
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : **BD4A66C159D2948F1823**

Amount of Each Disbursement this Period

510.00

Full Name (Last, First, Middle Initial)

B. The Promotional Products Company

Mailing Address 209 Westbury Lane

City State Zip Code
Columbia SC 29212-8354

Purpose of Disbursement
ANDPAC Buttons with Logo

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **BB97EA33627FC4A8A8E2**

Amount of Each Disbursement this Period

296.50

Full Name (Last, First, Middle Initial)

C. 4imprint

Mailing Address 101 Commerce St 101 Commerce St

City State Zip Code
0000

Purpose of Disbursement
ANDPAC Banners

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 30 / 2015

Transaction ID : **B790D77C8B76B4DCAA5C**

Amount of Each Disbursement this Period

415.32

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

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

1221.82

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. Clicks

Mailing Address 1120 Connecticut Ave NW
Ste B100

City Washington State DC Zip Code 20036-3958

Purpose of Disbursement
ANDPAC Poster

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2015

Transaction ID : B45562A73A1AD48F688E

Amount of Each Disbursement this Period

101.81

Full Name (Last, First, Middle Initial)

B.

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

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

Amount of Each Disbursement this Period

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

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)..... ▶

101.81

1323.63

**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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Friends of Sam Johnson

Mailing Address **FRIENDS OF SAM JOHNSON**
PO Box 860096

City **Plano** State **TX** Zip Code **75086-0096**

Purpose of Disbursement
Sam Johnson [TX-03-R]

Candidate Name

Rep. Sam R. Johnson

Office Sought: House
 Senate
 President
State: **TX** District: **03**

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : B047B18A1DD104429A48

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. GLENN GROTHMAN FOR CONGRESS

Mailing Address **PO BOX 1215**

City **FOND DU LAC** State **WI** Zip Code **54964**

Purpose of Disbursement
Glenn Grothman [WI-06-R]

Candidate Name

Rep. Glenn S Grothman

Office Sought: House
 Senate
 President
State: **WI** District: **06**

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : BC9A2E85E1D1140ED9BC

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Marcia Fudge for Congress

Mailing Address **3729 Silsby Road**

City **University Heights** State **OH** Zip Code **44118**

Purpose of Disbursement
Marcia L. Fudge [OH-11-D]

Candidate Name

Rep. Marcia L. Fudge

Office Sought: House
 Senate
 President
State: **OH** District: **11**

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : BC0F6684B90C0401395C

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial)

A. BUCSHON FOR CONGRESS

Mailing Address PO BOX 250

City NEWBURGH State IN Zip Code 47629

Purpose of Disbursement
Larry Bucshon [IN-08-R]

Candidate Name
Rep. Larry D. Bucshon

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 08

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **BF7352B1CD59341AB8A8**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Blumenauer for Congress

Mailing Address BLUMENAUER FOR CONGRESS
830 NE Holliday, Suite 105

City Portland State OR Zip Code 97232-5105

Purpose of Disbursement
Earl Blumenauer [OR-03-D]

Candidate Name
Rep. Earl Blumenauer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: OR District: 03

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **BE63CAD49FA3C4A5699F**

Amount of Each Disbursement this Period

1250.00

Full Name (Last, First, Middle Initial)

C. Friends of Sherrod Brown

Mailing Address Friends of Sherrod Brown
PO Box 15293

City Washington State DC Zip Code 20003-0293

Purpose of Disbursement
Sen. Sherrod Brown [OH-D]

Candidate Name
Sen. Sherrod C. Brown

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: OH District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **B1AAB9F1C9A3146EC9A9**

Amount of Each Disbursement this Period

1000.00

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

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

2750.00

**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

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

Full Name (Last, First, Middle Initial)

A. Tiberi for Congress

Mailing Address 2931 E Dublin Granville Road
Ste 190

City Columbus State OH Zip Code 43231

Purpose of Disbursement
Patrick Tiberi [OH-12-R]

Candidate Name

Rep. Pat J. Tiberi

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District: 12

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : B4F9197F7B46B4C09BCB

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Friends of Rosa DeLauro

Mailing Address Friends of Rosa DeLauro
12 Trumbull Street

City New Haven State CT Zip Code 06511

Purpose of Disbursement
Rosa DeLauro [CT-03-D]

Candidate Name

Rep. Rosa L. DeLauro

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: CT District: 03

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : B1938C9EA4B644FF99DF

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C. KUSTER FOR CONGRESS, INC.

Mailing Address P.O. BOX 1498

City CONCORD State NH Zip Code 03302

Purpose of Disbursement
Ann Kuster [NH-02-D]

Candidate Name

Rep. Ann McLane Kuster

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : BECBEBF19F2374440A1A

Amount of Each Disbursement this Period

500.00

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

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

2500.00

**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

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

Full Name (Last, First, Middle Initial)

A. Hoyer for Congress

Mailing Address **HOYER FOR CONGRESS**
7905 Malcolm Road Suite 102

City **Clinton** State **MD** Zip Code **20735-1701**

Purpose of Disbursement
Steny H. Hoyer [MD-05-D]

Candidate Name
Rep. Steny H. Hoyer

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: **MD** District: **05**

Date of Disbursement

/ /
09 / 21 / 2015

Transaction ID : B19514A68F55B49D7AA6

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. ROB WITTMAN FOR CONGRESS

Mailing Address **PO BOX 999**

City **MONTROSS** State **VA** Zip Code **22520**

Purpose of Disbursement
Rob Wittman [VA-01-R]

Candidate Name
Rep. Rob J. Wittman

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: **VA** District: **01**

Date of Disbursement

/ /
09 / 28 / 2015

Transaction ID : BAD6A95C843304177B1F

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Tammy Baldwin for Senate

Mailing Address **TAMMY BALDWIN FOR SENATE**
P O Box 696

City **Madison** State **WI** Zip Code **53701-0696**

Purpose of Disbursement
Tammy Baldwin [D-WI]

Candidate Name
Sen. Tammy Baldwin

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: **WI** District:

Date of Disbursement

/ /
09 / 21 / 2015

Transaction ID : B7881C6C8955F4AD4B04

Amount of Each Disbursement this Period

250.00

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

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

1250.00

**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

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. ELISE FOR CONGRESS

Mailing Address PO BOX 500

City State Zip Code
GLENS FALLS NY 12801

Purpose of Disbursement
Elise Stefanik [NY-21-R]

Candidate Name

Rep. Elise M Stefanik

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: NY District: 21

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : BB11CC8E7B6DC4672B2D

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Marsha Blackburn for Congress

Mailing Address 499 South Capitol Street
Suite 420

City State Zip Code
Washington DC 20003-4027

Purpose of Disbursement
Marsha Blackburn [TN-07-R]

Candidate Name

Rep. Marsha Blackburn

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: TN District: 07

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : B706F3FA9FC784E649AC

Amount of Each Disbursement this Period

4500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address 228 S. WASHINGTON ST., SUITE 115

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
Pat Toomey [PA-R]

Candidate Name

Sen. Pat J. Toomey

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: PA District:

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : BE1B849A8E9514F8C91B

Amount of Each Disbursement this Period

1500.00

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

6500.00

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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Nancy Pelosi for Congress

Mailing Address 2371 Rayburn House Ofc BUILDING

City Washington State DC Zip Code 20515

Purpose of Disbursement
Nancy Pelosi [CA-12-D]

Candidate Name

Rep. Nancy Pelosi

Office Sought: House
 Senate
 President
State: CA District: 12

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **BB82CAA61944C4A28B25**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Becerra for Congress

Mailing Address BECERRA FOR CONGRESS
PO Box 261060

City Los Angeles State CA Zip Code 90026-0878

Purpose of Disbursement
Xavier Becerra [CA-34-D]

Candidate Name

Rep. Xavier Becerra

Office Sought: House
 Senate
 President
State: CA District: 34

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 28 / 2015

Transaction ID : **B07368F5AEA464EE5850**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Bonamici for Congress

Mailing Address 13575 SW Millikan Way

City Beaverton State OR Zip Code 97005

Purpose of Disbursement
Suzanne Bonamici [OR-01-D]

Candidate Name

Rep. Suzanne M. Bonamici

Office Sought: House
 Senate
 President
State: OR District: 01

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **B5BFDDA60E410423DA8A**

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Marsha Blackburn for Congress

Mailing Address 499 South Capitol Street
Suite 420

City Washington State DC Zip Code 20003-4027

Purpose of Disbursement
Marsha Blackburn [TN-07-R]

Candidate Name
Rep. Marsha Blackburn

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TN District: 07

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : **BC5E0B16751CD448D875**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Re-Elect McGovern Committee

Mailing Address P.O. Box 60405

City Worcester State MA Zip Code 01606-0405

Purpose of Disbursement
Jim McGovern [MA-02-D]

Candidate Name
Rep. Jim P. McGovern

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MA District: 02

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 21 / 2015

Transaction ID : **BDE4F9B58E2E444639A7**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF SUSAN BROOKS

Mailing Address 9425 N MERIDIAN STREET
237

City INDIANAPOLIS State IN Zip Code 46260-1308

Purpose of Disbursement
Susan Brooks [IN-05-R]

Candidate Name
Rep. Susan W. Brooks

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IN District: 05

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
09 / 28 / 2015

Transaction ID : **B0938F784F50F4DA6AAF**

Amount of Each Disbursement this Period

500.00

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

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

2000.00

**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

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

Full Name (Last, First, Middle Initial)

A. Tim Walz for US Congress

Mailing Address PO Box 938

City Mankato State MN Zip Code 56002-0938

Purpose of Disbursement
Tim Walz [MN-01-D]

Candidate Name
Rep. Tim J. Walz

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: MN District: 01

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **BCA8F59F05B41497BA5E**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. CASTRO FOR CONGRESS

Mailing Address PO BOX 544

City SAN ANTONIO State TX Zip Code 78292

Purpose of Disbursement
Joaquin Castro [TX-20-D]

Candidate Name
Rep. Joaquin Castro

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: TX District: 20

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **B5722F4603EA24AF5BDD**

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. LOEBSACK FOR CONGRESS

Mailing Address PO BOX 3013

City IOWA CITY State IA Zip Code 52244

Purpose of Disbursement
Dave Loebsack [IA-02-D]

Candidate Name
Rep. Dave W. Loebsack

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: IA District: 02

Date of Disbursement

MM / DD / YYYY
09 / 21 / 2015

Transaction ID : **BDA95789C96CE46E5ADF**

Amount of Each Disbursement this Period

1000.00

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

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

2500.00

21000.00