



**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="2012"/>		194613.39
(b) Cash on Hand at Beginning of Reporting Period.....	205817.79	
(c) Total Receipts (from Line 19) .....	33355.07	48912.48
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	239172.86	243525.87
7. Total Disbursements (from Line 31).....	25904.19	30257.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	213268.67	213268.67
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**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).....	7295.00	11450.00
(ii) Unitemized .....	26060.07	37462.48
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	33355.07	48912.48
(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) .....	33355.07	48912.48
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))..... ▶	33355.07	48912.48
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	33355.07	48912.48

**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 .....	11404.19	12757.20
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	11404.19	12757.20
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14500.00	17500.00
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)) ..	25904.19	30257.20
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	25904.19	30257.20

**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) .....	33355.07	48912.48
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	33355.07	48912.48
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	11404.19	12757.20
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	11404.19	12757.20

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

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

FOR LINE NUMBER: PAGE 6 OF 20  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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

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

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

Mailing Address Apt 906

City Baltimore State MD Zip Code 21218

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

Name of Employer Chase Brexton Occupation Rd

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
**04 / 04 / 2012**

**Transaction ID : AE9BB58AD011246FC837**

Amount of Each Receipt this Period  
**125.00**

Full Name (Last, First, Middle Initial)  
**B. Dorothy D. Dawn**

Mailing Address 2872 S Fairview St

City Santa Ana State CA Zip Code 92704-5948

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

Name of Employer Occupation

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  
**04 / 04 / 2012**

**Transaction ID : A217F4A661CCC49F6BB7**

Amount of Each Receipt this Period  
**250.00**

Full Name (Last, First, Middle Initial)  
**C. Marsha Schofield**

Mailing Address 120 S Riverside Plaza Suite 2000

City Chicago State IL Zip Code 60606-6995

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

Name of Employer Occupation

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  
**04 / 04 / 2012**

**Transaction ID : A30C70528871843FF86A**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **625.00**

**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 20
	<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. Kathleen W. McClusky**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 994 White Springs Ln  
 City Winter Springs State FL Zip Code 32708-4360  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Morrison Mgmt Specialist Occupation  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 05 / 2012**  
**Transaction ID : A57557A3643154984991**  
 Amount of Each Receipt this Period **250.00**

**B. Patricia A. McKnight MS RD LD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 322 Naiche Ct  
 City Columbus State OH Zip Code 43213-3507  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Mt. Carmel College Of Nursing Occupation Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **302.00**

Date of Receipt **04 / 10 / 2012**  
**Transaction ID : A85C6B2132F0F4A9FBDF**  
 Amount of Each Receipt this Period **52.00**

**C. Nancy M. Lewis**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 342 Leeward Drive  
 City Stokesdale State NC Zip Code 27357-8655  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Nebraska Occupation Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 10 / 2012**  
**Transaction ID : A89D8009C7BE94955A77**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>402.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 20
	<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

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

**A. Jeanne Blankenship**  
 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 ADA-STAFF Occupation Rd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 11 / 2012  
**Transaction ID : A153D2051FA92474F8BE**  
 Amount of Each Receipt this Period  
 100.00

**B. Jane V. White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10710 Eagle Glen Drive  
 City Knoxville State TN Zip Code 37922-5566  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Tennessee Occupation Rd  
 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  
 04 / 12 / 2012  
**Transaction ID : AD20A70303D4540FB8F4**  
 Amount of Each Receipt this Period  
 500.00

**C. Brenda E. Richardson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4972 E Motsinger Road  
 City Salem State IN Zip Code 47167-7759  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-employed Occupation Rd  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 525.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : A5AA082C87FA9451C8D4**  
 Amount of Each Receipt this Period  
 400.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 20
	<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**

Full Name (Last, First, Middle Initial)  
**A. Brenda E. Richardson**

Mailing Address 4972 E Motsinger Road

City Salem State IN Zip Code 47167-7759

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

Name of Employer Self-employed Occupation Rd

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **525.00**

Date of Receipt **04 / 16 / 2012**

**Transaction ID : A7D85E4ED6F094C69AF4**

Amount of Each Receipt this Period **125.00**

Full Name (Last, First, Middle Initial)  
**B. Sonja L. Connor**

Mailing Address Oregon Health & Science University

City Portland State OR Zip Code 97239-3011

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

Name of Employer Oregon Health & Science Univ Occupation Research Associate Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt **04 / 16 / 2012**

**Transaction ID : ADF A7CC6E966441359E1**

Amount of Each Receipt this Period **125.00**

Full Name (Last, First, Middle Initial)  
**C. Jessie M. Pavlinac**

Mailing Address 13147 Century Dr

City Oregon City State OR Zip Code 97045-6700

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

Name of Employer Oregon Health & Science Univ Occupation Clinical Nutrition Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **260.00**

Date of Receipt **04 / 16 / 2012**

**Transaction ID : AD86DC0DB042842468C5**

Amount of Each Receipt this Period **125.00**

**SUBTOTAL** of Receipts This Page (optional)..... **375.00**

**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 20
	<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

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

**A. Sonja L. Connor**  
Full Name (Last, First, Middle Initial)

Mailing Address Oregon Health & Science University

City Portland	State OR	Zip Code 97239-3011
------------------	-------------	------------------------

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

Name of Employer Oregon Health & Science Univ	Occupation Research Associate Professor
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2012

**Transaction ID : A13AB7EDEA82F429191B**

Amount of Each Receipt this Period  
125.00

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

Mailing Address 7071 Oak Brook Dr

City Urbandale	State IA	Zip Code 50322-4800
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FEC ID number of contributing federal political committee. **C**

Name of Employer Des Moines Public Schools	Occupation Registered Dietitian
---	------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1125.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2012

**Transaction ID : A5A7C12E17C46455395F**

Amount of Each Receipt this Period  
125.00

**C. Kathleen W. McClusky**  
Full Name (Last, First, Middle Initial)

Mailing Address 994 White Springs Ln

City Winter Springs	State FL	Zip Code 32708-4360
------------------------	-------------	------------------------

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

Name of Employer Morrison Mgmt Specialist	Occupation
--	------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
375.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04	/	16	/	2012

**Transaction ID : A78CA92BC22AE47AEB0E**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	375.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 20
	<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

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

**A. Dr. Mildred M. Cody**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1562 Barrington Vw  
 City State Zip Code  
 Stone Mountain GA 30087-1846  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 04 / 16 / 2012  
**Transaction ID : AA67AF4D0209C4045905**  
 Amount of Each Receipt this Period  
 125.00

**B. Patricia Babjak**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 120 S. Riverside Plz Suite 2000  
 City State Zip Code  
 Chicago IL 60606-6995  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 American Dietetic Association CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012  
**Transaction ID : A97D0F3BB5B884A629C2**  
 Amount of Each Receipt this Period  
 1000.00

**C. Nancy Banda**  
 Full Name (Last, First, Middle Initial)  
 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  
 Riverside County Reg Med Cntr Rd  
 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  
 04 / 16 / 2012  
**Transaction ID : A4B4DB05681E64356BDD**  
 Amount of Each Receipt this Period  
 125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 20
	<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. Marcia A. Kyle**  
Full Name (Last, First, Middle Initial)

Mailing Address 146 Mystic Ave

City Rockport State ME Zip Code 48565730

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

Name of Employer Penbay Healthcare Occupation Rd

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  
 04 / 16 / 2012

**Transaction ID : ADDDCDA1A656840E99C1**

Amount of Each Receipt this Period  
 250.00

**B. Jeanne Blankenship**  
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 ADA-STAFF Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : AAA0E3C27CE094F24812**

Amount of Each Receipt this Period  
 250.00

**C. Stacy L. Fisher-Gunn**  
Full Name (Last, First, Middle Initial)

Mailing Address 2113 Bindon Drive

City Cedar Park State TX Zip Code 78613

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 16 / 2012

**Transaction ID : AFCC7EA881DE44A7DB6F**

Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 20
<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**

**A. Judith A. Gould MA, MS, RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 422 Pico Way  
 City Sacramento State CA Zip Code 95819-2926  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American River College Occupation Rd  
 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  
 04 / 18 / 2012  
**Transaction ID : A927091109FB24DDD9B5**  
 Amount of Each Receipt this Period  
 125.00

**B. Joseph Derochowski**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Suite 300  
 9399 W. Higgins Road  
 City Rosemont State IL Zip Code 60018-4992  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer The NPD Group, Inc. Occupation Vice President of Business Development  
 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  
 04 / 24 / 2012  
**Transaction ID : A1C38D177C54144CEB8F**  
 Amount of Each Receipt this Period  
 250.00

**c. Cynthia A. Wolfram R.D., L.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4507 Apollo St  
 City Houston State TX Zip Code 77018-3205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Skilled Healthcare Llc Occupation Rd  
 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  
 04 / 24 / 2012  
**Transaction ID : AA7853BF3A8584FED996**  
 Amount of Each Receipt this Period  
 200.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	575.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 20
	<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. Kathleen C. Niedert Ph.D.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Box 843  
 City Hudson State IA Zip Code 50643-0843  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/a @ Present Occupation Director, Clinical Nutrition & Dining  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt **04 / 24 / 2012**  
**Transaction ID : AAB3FC778F69647FF95F**  
 Amount of Each Receipt this Period **125.00**

**B. Laura E. Hooper**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4867 Terrace Dr NE  
 City Seattle State WA Zip Code 98105-3923  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Seattle Children Organization Occupation Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **233.00**

Date of Receipt **04 / 27 / 2012**  
**Transaction ID : ACFBB7AA51FF3488C87A**  
 Amount of Each Receipt this Period **233.00**

**c. Judith C. Rodriguez PhD, RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4552 Shiloh Mill Blvd  
 City Jacksonville State FL Zip Code 32246-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Florida Occupation Associate Professor  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **225.00**

Date of Receipt **04 / 30 / 2012**  
**Transaction ID : ABC6412A290894FABA7F**  
 Amount of Each Receipt this Period **100.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>458.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 20
<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) <b>A. Paul A. Mifsud</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address Ste 2000		<b>Transaction ID : ADBE4E3E71D3F4E18BB1</b>
City Chicago	State IL	Zip Code 60606-6995
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 400.00
Name of Employer American Dietetic Association	Occupation Vice President, Finance and Administra	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 203.52	

Full Name (Last, First, Middle Initial) <b>B. Susan A. Quimby</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address 3 Hyde Street		<b>Transaction ID : AB708769C3FEE4F49BD1</b>
City Portland	State ME	Zip Code 41031747
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Nutrition Works, Llc	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) <b>C. Karen T. Bellesky</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 30 / 2012
Mailing Address Apt 906		<b>Transaction ID : A6202D4690DBF4F9AA5E</b>
City Baltimore	State MD	Zip Code 21218
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 100.00
Name of Employer Chase Brexton	Occupation Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 525.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 20
	<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. Frances A. Gallagher**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14606 Gateside Dr  
 City Fort Wayne State IN Zip Code 46814-7576  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Private Practice Occupation Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **500.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**  
**Transaction ID : A0818CB163E23437599C**  
 Amount of Each Receipt this Period  
**250.00**

**B. M Patricia P. 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 Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **490.00**

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
**04 / 30 / 2012**  
**Transaction ID : A72C6B6665E7E4A2EA7D**  
 Amount of Each Receipt this Period  
**85.00**

**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 Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>335.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>7295.00</b>

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

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

FOR LINE NUMBER:  
(check only one)

<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. Academy of Nutrition and Dietetics**

Mailing Address 120 South Riverside Plaza  
Suite 2000

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Reimbursement for ANDPAC Sign

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 24 / 2012

Transaction ID : B7ED8F93ACA894D3D8F0

Amount of Each Disbursement this Period

1885.00

Full Name (Last, First, Middle Initial)

**B. Paladin**

Mailing Address PO Box 1020410

City Atlanta State GA Zip Code 30368-0410

Purpose of Disbursement  
ANDPAC Brochure

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

Transaction ID : BB4BE897B72AE42DFACC

Amount of Each Disbursement this Period

468.00

Full Name (Last, First, Middle Initial)

**C. 4 imprint**

Mailing Address 101 Commerce St

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
ANDPAC Value Lip Balm

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

Transaction ID : B241C5E5ECA3F410E81D

Amount of Each Disbursement this Period

584.89

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

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

2937.89

**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. Academy of Nutrition and Dietetics**

Mailing Address 120 South Riverside Plaza  
Suite 2000

City Chicago State IL Zip Code 60606

Purpose of Disbursement  
Reimbursement for ANDPAC Donor Reception

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  
04 / 30 / 2012

Transaction ID : BCEF37B0720204205AF1

Amount of Each Disbursement this Period

8466.30

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)..... ▶

8466.30

11404.19

**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. Stabenow for US Senate**

Mailing Address **Stabenow for US Senate  
PO Box 4945**

City **East Lansing** State **MI** Zip Code **48826**

Purpose of Disbursement  
**Sen. Stabenow [MI]**

Candidate Name  
**Sen. Debbie Stabenow**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: **MI** District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	2

**Transaction ID : B8876E0C9E9594501A9A**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. AL FRANKEN FOR SENATE 2014**

Mailing Address **PO BOX 583144**

City **MINNEAPOLIS** State **MN** Zip Code **55458**

Purpose of Disbursement  
**Al Franken [MN-D]**

Candidate Name  
**Sen. Al Franken**

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	4

**Transaction ID : BDF98FDF232594940AF2**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. 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-D]**

Candidate Name  
**Rep. Rosa L. DeLauro**

Office Sought:  House  Senate  President  
Disbursement For: 2012  Primary  General  Other (specify) ▼  
State: **CT** District: **03**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	2		2	0	1	2

**Transaction ID : BD9D4AEEEE9C8D4381990**

Amount of Each Disbursement this Period

5	0	0	.	0	0
---	---	---	---	---	---

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

1	2	5	0	0
---	---	---	---	---

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

1	2	5	0	0
---	---	---	---	---

**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) <b>A. Congresswoman Sheila Jackson Lee</b>		Date of Disbursement MM / DD / YYYY 04 / 12 / 2012
Mailing Address 4412 Alameda Road		Transaction ID : <b>BF5739401CBE54939B4D</b>  Amount of Each Disbursement this Period 1500.00
City Houston	State TX	
Zip Code 77004	Category/ Type	
Purpose of Disbursement Sheila Jackson-Lee [TX-18-D]		
Candidate Name <b>Rep. Sheila Jackson Lee</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: TX District: 18	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CHRISTIE VILSACK FOR IOWA</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2012
Mailing Address PO BOX 641		Transaction ID : <b>BB0BA0969F159412D868</b>  Amount of Each Disbursement this Period 500.00
City AMES	State IA	
Zip Code 50010	Category/ Type	
Purpose of Disbursement Christie Vilsack [IA-04-D]		
Candidate Name <b>Christie Vilsack</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: IA District: 04	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Category/ Type	
Purpose of Disbursement		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	14500.00