

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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.....	273153.86	
(c) Total Receipts (from Line 19)	3510.84	94162.21
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	276664.70	334524.66
7. Total Disbursements (from Line 31).....	16000.00	73859.96
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	260664.70	260664.70
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).....	951.67	21378.16
(ii) Unitemized	2059.17	72284.05
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3010.84	93662.21
(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)	3010.84	93662.21
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.....	500.00	500.00
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))..... ▶	3510.84	94162.21
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	3510.84	94162.21

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	0.00	13559.96
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	13559.96
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	60150.00
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)) ..	16000.00	73859.96
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16000.00	73859.96

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)	3010.84	93662.21
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3010.84	93512.21
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	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)	0.00	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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. 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 **820.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : ABF2BA9D80B1F46278C5
 Amount of Each Receipt this Period
85.00

B. Margaret P Garner
 Full Name (Last, First, Middle Initial)
 Mailing Address 9 Dunbrook
 City Tuscaloosa State AL Zip Code 35406-1959
 FEC ID number of contributing federal political committee. **C**
 Name of Employer University Of Arkansas Me 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
 07 / 30 / 2013
Transaction ID : AB58BD87C728F43589A8
 Amount of Each Receipt this Period
250.00

C. Mrs. Lorraine E Matthews RDN
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Pinckney St
 City Whiteville State NC Zip Code 28472-2625
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Columbus County Health Departm Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **225.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2013
Transaction ID : AFA87AB06762149CEB4B
 Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional).....	360.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Dr. Glenna R McCollum
 Full Name (Last, First, Middle Initial)
 Mailing Address P o box 11009
 City Chandler State AZ Zip Code 85248-0001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Chandler Education Foundation Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **400.00**

Date of Receipt **07 / 17 / 2013**
Transaction ID : AEA924FA42C494BF6A1D
 Amount of Each Receipt this Period **250.00**

B. 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 **350.00**

Date of Receipt **07 / 31 / 2013**
Transaction ID : A0E34A4E1F5CA4386957
 Amount of Each Receipt this Period **50.00**

C. Marsha K Schofield
 Full Name (Last, First, Middle Initial)
 Mailing Address 4186 Cheval Cir
 City Stow State OH Zip Code 44224-5229
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Summit County Health District Occupation
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **325.00**

Date of Receipt **07 / 30 / 2013**
Transaction ID : A547799D3D1AD4310983
 Amount of Each Receipt this Period **200.00**

SUBTOTAL of Receipts This Page (optional)..... **275.00**
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 13
	<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. Pepin Tuma		Date of Receipt
Mailing Address 1314 Rhode Island Ave NW Apt 3		<input type="text" value="07"/> / <input type="text" value="31"/> / <input type="text" value="2013"/>
City Washington	State DC	Zip Code 20005-3710
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AC8D7B3B2306C40AC924
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="41.67"/>
	<input type="text" value="208.35"/>	

Full Name (Last, First, Middle Initial) B. Ms. Tracy L Wilczek		Date of Receipt
Mailing Address 1731 Beacon St #322		<input type="text" value="07"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City Brookline	State MA	Zip Code 02445-5324
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : AB2E3FA19AAB848A5879
Name of Employer Pritikin Longevity Center	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="250.00"/>
	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Sr. Ladonna Woerdeman		Date of Receipt
Mailing Address 254 Northpointe Dr NE Apt 210		<input type="text" value="07"/> / <input type="text" value="17"/> / <input type="text" value="2013"/>
City Cedar Rapids	State IA	Zip Code 52402-6214
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : A3BFAD74880714645893
Name of Employer N/a @ Present	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text" value="25.00"/>
	<input type="text" value="325.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="316.67"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="951.67"/>

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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. CICILLINE COMMITTEE

Full Name (Last, First, Middle Initial)
Mailing Address 236 HOPE STREET

City Providence State RI Zip Code 02906

FEC ID number of contributing federal political committee. **C** C00476564

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2013

Transaction ID : AFA0C80FA6A8D4ACB83F

Amount of Each Receipt this Period
500.00

David Cicilline [RI-D]

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	500.00

**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. Carper for Senate

Mailing Address PO Box 2882

City Wilmington State DE Zip Code 19805-0882

Purpose of Disbursement
Thomas R. Carper [D-DE]

Candidate Name
Sen. Thomas R. Carper

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 16 / 2013

Transaction ID : B214E5243209141E4BDD

Amount of Each Disbursement this Period

4000.00

Full Name (Last, First, Middle Initial)

B. Engel for Congress

Mailing Address ENGEL FOR CONGRESS
462 California Road

City Bronxville State NY Zip Code 10708-2306

Purpose of Disbursement
Rep. Elliot Engel [D-NY]

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : B5FBF0A68FACC44B1B1C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Enzi for US Senate

Mailing Address 379A Russell Senate Ofc BUILDING

City Washington State DC Zip Code 20510-0001

Purpose of Disbursement
Senator Michael Enzi [R-WY]

Candidate Name
Sen. Michael B. Enzi

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 29 / 2013

Transaction ID : BD999161A365F4A51AC0

Amount of Each Disbursement this Period

500.00

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

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

5500.00

**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. Friends of Farr

Mailing Address **FARR FOR CONGRESS
555 Capitol Mall Suite 1425**

City **Sacramento** State **CA** Zip Code **95814-4602**

Purpose of Disbursement
Rep. Sam Farr [D-CA]

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 29 / 2013

Transaction ID : B76092E6031E24EA2BA0

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF JOHN SARBANES

Mailing Address **PO BOX 6854**

City **TOWSON** State **MD** Zip Code **21285**

Purpose of Disbursement
Rep. John Sarbanes [D-MD]

Candidate Name

Rep. John P. Sarbanes

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2013

Transaction ID : B120D2BDFB63B4D97BF9

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. FRIENDS OF PAT TOOMEY

Mailing Address **228 S. WASHINGTON ST., SUITE 115**

City **ALEXANDRIA** State **VA** Zip Code **22314**

Purpose of Disbursement
Senator Pat Toomey [R-PA]

Candidate Name

Sen. Patrick J. Toomey

Office Sought: House
 Senate
 President
State: **PA** District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /
07 / 16 / 2013

Transaction ID : B1452C68C21D74C678A3

Amount of Each Disbursement this Period

1000.00

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

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

4500.00

**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. Lucas for Congress

Mailing Address PO Box 1726

City Oklahoma City State OK Zip Code 73101-1726

Purpose of Disbursement
Rep. Frank Lucas [R-OK]

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : BA183851991D146DAA8D

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR SENATE

Mailing Address PO BOX 3176

City LONG BRANCH State NJ Zip Code 07740

Purpose of Disbursement
Rep. Frank Pallone [D-NJ]

Candidate Name

Frank Pallone JR

Office Sought: House Senate President
State: NJ District:

Disbursement For: 2013
 Primary General
 Other (specify) ▼
Special Primary2013

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : BC51F621A2B5344A8B9C

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ron Kind for Congress Committee

Mailing Address 205 5th Ave S
Suite 426

City La Crosse State WI Zip Code 54601

Purpose of Disbursement
Rep. Ron Kind [D-WI]

Candidate Name

Rep. Ron J. Kind

Office Sought: House Senate President
State: WI District: 03

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
07 / 16 / 2013

Transaction ID : B3ACD81F11AE745079AC

Amount of Each Disbursement this Period

2500.00

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

4500.00

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. 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

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2018
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 16 / 2013

Transaction ID : B07EE428A158E4978B44

Amount of Each Disbursement this Period

500.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Whitfield for Congress

Mailing Address **WHITFIELD FOR CONGRESS COMMITTEE**
P.O. Box 391

City Hopkinsville State KY Zip Code 42241-0391

Purpose of Disbursement
Rep. Edward Whitfield [R-KY]

Candidate Name

Rep. Edward Whitfield

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

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
07 / 16 / 2013

Transaction ID : B44DC9D5FA5244945820

Amount of Each Disbursement this Period

1000.00

Category/
Type

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) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

Category/
Type

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

1500.00

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

16000.00