



**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="2015"/>		169473.35
(b) Cash on Hand at Beginning of Reporting Period.....	167313.85	
(c) Total Receipts (from Line 19) .....	27656.00	58542.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	194969.85	228015.35
7. Total Disbursements (from Line 31).....	-400.00	32645.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	195369.85	195369.85
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

FEC Form 3X (Rev. 06/2004)

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).....	5209.00	12624.00
(ii) Unitemized .....	22447.00	45918.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	27656.00	58542.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	27656.00	58542.00
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))..... ▶	27656.00	58542.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	27656.00	58542.00

**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	4545.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	4545.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-400.00	28100.00
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)) ..	-400.00	32645.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-400.00	32645.50

**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) .....	27656.00	58542.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	27656.00	58542.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	4545.50
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	4545.50

**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 14
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

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

**A. 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 ▼  
420.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2015

**Transaction ID : A20535A7268664D5EB79**

Amount of Each Receipt this Period  
150.00

**B. Mrs. Denise A Andersen**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1411 Farmdale rd

City Saint Paul	State MN	Zip Code 55118-2739
--------------------	-------------	------------------------

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

Name of Employer Private Consultant	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
05	/	05	/	2015

**Transaction ID : A8E7473023DFB43F096F**

Amount of Each Receipt this Period  
250.00

**C. Ms. Manjushree Karkare**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4937 Cremshaw Ct

City Raleigh	State NC	Zip Code 27614-8322
-----------------	-------------	------------------------

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

Name of Employer Nutritionally Yours, LLC	Occupation Rd
--	------------------

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
05	/	06	/	2015

**Transaction ID : A7D511AB2663E4AC79C2**

Amount of Each Receipt this Period  
125.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	525.00
<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 7 OF 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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

**A. Mrs. Anne M Wolf**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5030 Rutherford Rd  
 City Charlottesville State VA Zip Code 22901-5633  
 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 **350.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 06 / 2015  
**Transaction ID : A415771EE36FB40C7A71**  
 Amount of Each Receipt this Period  
**100.00**

**B. Mrs. Elise A Smith**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 159 Woodlands Glen Cir  
 City Brandon State MS Zip Code 39047-7117  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nutrition Systems Consulting Occupation Dietitian  
 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  
 05 / 06 / 2015  
**Transaction ID : AD960E0CAB73A42EAA16**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Debra G Hook**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address PO Box 310037  
 City Fontana State CA Zip Code 92331-0037  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Children's Hospital Los Angeles Occupation Pediatric Dietitian  
 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  
 05 / 06 / 2015  
**Transaction ID : A8C95A5BB1C94472EB4F**  
 Amount of Each Receipt this Period  
**125.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1225.00</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: PAGE 8 OF 14  
(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**

Full Name (Last, First, Middle Initial)  
**A. Mrs. Constance H Kelley**  
 Mailing Address 6509 Stonemill Run  
 City State Zip Code  
 Mobile AL 36695-3149  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed 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  
 05 / 07 / 2015  
**Transaction ID : A0A06DC0AC82D4379BDF**  
 Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**B. Dr. Kay N Wolf**  
 Mailing Address 453 W. Tenth Avenue  
 306 C Atwell Hall  
 City State Zip Code  
 Columbus OH 43210-2205  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 The Ohio State University Program Contact  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 200.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : A24324FAD3B574AAFA77**  
 Amount of Each Receipt this Period  
 200.00

Full Name (Last, First, Middle Initial)  
**C. Carolyn Breeding**  
 Mailing Address 229 Churchill Dr  
 City State Zip Code  
 Richmond KY 40475-3209  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Dietary Consultants, Inc.  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 11 / 2015  
**Transaction ID : AFA1286D6368D4517B1E**  
 Amount of Each Receipt this Period  
 1500.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1950.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

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

FOR LINE NUMBER: PAGE 9 OF 14  
(check only one)  
 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**

Full Name (Last, First, Middle Initial)  
**A. Ms. Charlotte A Hayes**

Mailing Address 2144 Hills Ave NW  
 Ste A

City Atlanta State GA Zip Code 30318-2805

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

Name of Employer Team Novo Nordisk Occupation Rd

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 222.00

Date of Receipt  
 05 / 12 / 2015  
**Transaction ID : A6CBF9519DB2C421C933**

Amount of Each Receipt this Period  
 52.00

Full Name (Last, First, Middle Initial)  
**B. Mrs. Denise A Andersen**

Mailing Address 1411 Farmdale rd

City Saint Paul State MN Zip Code 55118-2739

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

Name of Employer Private Consultant Occupation Rdn

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 750.00

Date of Receipt  
 05 / 14 / 2015  
**Transaction ID : A5193B97263414643AF7**

Amount of Each Receipt this Period  
 250.00

Full Name (Last, First, Middle Initial)  
**C. Mrs. Sylvia A Escott-Stump**

Mailing Address East Carolina University  
 Che - Dept Nutrition Science

City Greenville State NC Zip Code 27858

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

Name of Employer East Carolina University Occupation Program Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 05 / 14 / 2015  
**Transaction ID : A213979253F864615B01**

Amount of Each Receipt this Period  
 250.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 552.00

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

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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. Nancy S Wellman</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015 <b>Transaction ID : AD0C9E70182A44FA2BCA</b>
Mailing Address 10830 Sw 60 Ave		Amount of Each Receipt this Period 250.00
City Miami	State FL	Zip Code 33156-4959
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer Wellman Nutrition	Occupation Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Susan H Laramie</b>		Date of Receipt MM / DD / YYYY 05 / 18 / 2015 <b>Transaction ID : AAA559FF760324C21AF8</b>
Mailing Address 49 South St		Amount of Each Receipt this Period 250.00
City Rockport	State MA	Zip Code 01966-1843
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 250.00
Name of Employer SHL	Occupation Consultant Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Debra G Hook</b>		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 <b>Transaction ID : AC3CCC40FC1964C44A38</b>
Mailing Address PO Box 310037		Amount of Each Receipt this Period 52.00
City Fontana	State CA	Zip Code 92331-0037
FEC ID number of contributing federal political committee. C		Aggregate Year-to-Date ▼ 327.00
Name of Employer Children's Hospital Los Angeles	Occupation Pediatric Dietitian	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	552.00
<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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. Lorri Holzberg**  
Full Name (Last, First, Middle Initial)

Mailing Address 2407 Sharon Rd

City	State	Zip Code
Menlo Park	CA	94025-6800

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

Name of Employer	Occupation
Retired	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  
 05 / 27 / 2015  
**Transaction ID : A54129DDAF1584EC08DB**

Amount of Each Receipt this Period  
 130.00

**B. Ms. Manjushree Karkare**  
Full Name (Last, First, Middle Initial)

Mailing Address 4937 Cremshaw Ct

City	State	Zip Code
Raleigh	NC	27614-8322

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

Name of Employer	Occupation
Nutritionally Yours, LLC	Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A4EC90A88B3454034B39**

Amount of Each Receipt this Period  
 20.00

**C. Ms. Manjushree Karkare**  
Full Name (Last, First, Middle Initial)

Mailing Address 4937 Cremshaw Ct

City	State	Zip Code
Raleigh	NC	27614-8322

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

Name of Employer	Occupation
Nutritionally Yours, LLC	Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
270.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 28 / 2015  
**Transaction ID : A784F5774370043538F0**

Amount of Each Receipt this Period  
 25.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	175.00
<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 14
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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

**A. Ms. 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 Malnutrition Antagonists Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **630.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : AD111EBBA36DF451FA0E**

Amount of Each Receipt this Period  
**90.00**

**B. Ms. Mary Pat Raimondi MS RD**  
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

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  
**05 / 31 / 2015**

**Transaction ID : A65EB803D22C94C7DA08**

Amount of Each Receipt this Period  
**45.00**

**C. 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 ▼ **250.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**05 / 31 / 2015**

**Transaction ID : AF085672134BA47E0AE8**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional)..... **185.00**

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

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

**A. Mrs. Jessie M Pavlinac**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address OHSU - UHS 18  
 3181 SW Sam Jackson Park Road  
 City Portland State OR Zip Code 97239-3011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Oregon Health & Science U Occupation Director, Clinical Nutrition  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 05 / 31 / 2015  
**Transaction ID : AAE7D46A6C410400B9C0**  
 Amount of Each Receipt this Period  
 45.00

**B.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

**C.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5209.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

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

Full Name (Last, First, Middle Initial)

### A. MATSUI FOR CONGRESS

Mailing Address PO BOX 1738

City State Zip Code  
SACRAMENTO CA 95812

Purpose of Disbursement  
Rep. Doris Matsui [CA-06-D]

Candidate Name  
**Rep. Doris O. Matsui**

Office Sought:  House  
 Senate  
 President  
State: CA District: 06

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	31	/	2015

Transaction ID : B674FFE01634642F28D6

Amount of Each Disbursement this Period

-400.00
---------

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

Amount of Each Disbursement this Period

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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

-400.00
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-400.00
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