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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25
☐ 26 ☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29

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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.
Full Name (Last, First, Middle Initial)
ADAPAC Board

Mailing Address
1120 Connecticut Ave, NW — Ste 480
City: Washington — State: DC — Zip Code: 20036

Purpose of Disbursement
PPW expenses

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
X Primary General
Other (specify)

Date of Disbursement
03 / 18 / 2002

Amount of Each Disbursement this Period
871.66

Transaction ID: 10000005052000029

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

Mailing Address
1120 Connecticut Ave, NW — Suite 480
City: Washington — State: DC — Zip Code: 20036

Purpose of Disbursement
reimbursement for ADAPAC reception 2002

Candidate Name

Category/Type

Office Sought: House / Senate / President
State: District:

Disbursement For: 2002
X Primary General
Other (specify)

Date of Disbursement
03 / 26 / 2002

Amount of Each Disbursement this Period
694.15

Transaction ID: 10000005078700030

C.

SUBTOTAL of Disbursements This Page (optional) ..... ▶	**1565.81**
TOTAL This Period (last page this line number only) ..... ▶	**1565.81**