

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street)

1120 Connecticut Ave. NW

Suite 480



Check if different than previously reported. (ACC)

Washington

DC

20036-3989

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00143560

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- ☐ April 15 Quarterly Report (Q1)
- ☐ July 15 Quarterly Report (Q2)
- ☐ October 15 Quarterly Report (Q3)
- ☐ January 31 Year-End Report (YE)
- ☐ July 31 Mid-Year Report (Non-election Year Only) (MY)
- ☐ Termination Report (TER)

(b) Monthly Report Due On:

- ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Apr 20 (M4) ☐ Jul 20 (M7) ☒ Oct 20 (M10) ☐ Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R)
- ☐ Convention (12C) ☐ Special (12S)

Election on

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

in the State of

(d) 30-Day POST-Election Report for the:

- ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on

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

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
09 01 2020

through

M M M / D D D / Y Y Y Y Y Y
09 30 2020

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Mifsud, Paul, A, Mr.,

Type or Print Name of Treasurer

Signature of Treasurer

Mifsud, Paul, A, Mr.,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
11 25 2020

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
09		01		2020

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2020</td></tr></table>	Y	Y	Y	Y	Y	2020						<table><tr><td colspan="5">154268.29</td></tr></table>	154268.29				
Y	Y	Y	Y	Y													
2020																	
154268.29																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">162276.50</td></tr></table>	162276.50															
162276.50																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">10396.40</td></tr></table>	10396.40					<table><tr><td colspan="5">72204.61</td></tr></table>	72204.61									
10396.40																	
72204.61																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">172672.90</td></tr></table>	172672.90					<table><tr><td colspan="5">226472.90</td></tr></table>	226472.90									
172672.90																	
226472.90																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00					<table><tr><td colspan="5">53800.00</td></tr></table>	53800.00									
0.00																	
53800.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">172672.90</td></tr></table>	172672.90					<table><tr><td colspan="5">172672.90</td></tr></table>	172672.90									
172672.90																	
172672.90																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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. 05/2016)

Page 3

Write or Type Committee Name

Academy of Nutrition and Dietetics Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	1		2	0	2	0

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	0

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).....	3860.00	17725.20
(ii) Unitemized	6536.40	54479.41
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10396.40	72204.61
(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)	10396.40	72204.61
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))	10396.40	72204.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10396.40	72204.61

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	53800.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	0.00	53800.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	53800.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	10396.40	72204.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10396.40	72204.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
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	0.00

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 15

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Campbell, Elizabeth, C, Ms., RDN

Mailing Address 29 16th St NE

City
Washington

State
DC

Zip Code
20002-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy of Nutrition & Dietetics

Occupation (for Individual)
Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

09 / 04 / 2020

Transaction ID : A2A14C0C4B6654FC1978

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wright, Lisa, Eaton, Ms., MS

Mailing Address 12 Hilltop Ct

City
Lemont

State
IL

Zip Code
60439-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Moraine Valley Community College

Occupation (for Individual)
Wellness Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.20

Date of Receipt

09 / 04 / 2020

Transaction ID : AA9D96830A383412596B

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Blankenship, Jeanne, , Ms., RDN

Mailing Address 1713 Fairview Ave

City
McLean

State
VA

Zip Code
22101-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy of Nutrition and Dietetics

Occupation (for Individual)
VP, Policy Initiatives & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

820.00

Date of Receipt

09 / 04 / 2020

Transaction ID : A2C356DEB0E7244C9AE2

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

190.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15

(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Pavlinac, Jessie, M, Mrs.,

Mailing Address 808 SW Campus Dr

City
PortlandState
ORZip Code
97239-3008FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health & Science UOccupation (for Individual)
Director, Clinical Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M M	D D D	Y Y Y Y Y Y
09	04	2020

Transaction ID : A2E77C5DD9F744A22B96

Amount of Each Receipt this Period

45.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Garelick, Doreen, Shulman, ,Mailing Address 305 W 50th St
Apt 11ACity
New YorkState
NYZip Code
10019-8406FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Self EmployedOccupation (for Individual)
Registered Dietitian

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
09	25	2020

Transaction ID : A96AB91F37A5845B3B6E

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Yadrick, Kathleen, M, Dr.,

Mailing Address 419 S 40th Ave

City
HattiesburgState
MSZip Code
39402-1724FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
The University of Southern MississippiOccupation (for Individual)
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
09	25	2020

Transaction ID : AED6A83240B234877A8B

Amount of Each Receipt this Period

100.00

☐ Memo Item

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

170.00

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 8 OF 15

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wilczek, Tracy, L, Ms.,

Mailing Address Pritikin Longevity Center
8755 Nw 36th Street

City
Miami

State
FL

Zip Code
33178

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Flik International

Occupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : ADB050FB9A408428F9EA

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Wolfenberger, Angela, , Ms., RDN

Mailing Address PO Box 423

City

Mountain City

State

TN

Zip Code

37683-0423

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ada

Occupation (for Individual)
Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : AB7517DCC9E5A4B42B7D

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conway, Maureen, E, ,

Mailing Address McNeil Nutritionals, Llc
Ms 960

City

Fort Washington

State

PA

Zip Code

19034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ada

Occupation (for Individual)
Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

MM / DD / YYYY
09 / 25 / 2020

Transaction ID : A3247E4D2BC414A28A4A

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

600.00

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 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Conway, Maureen, E, ,

Mailing Address **McNeil Nutritionals, LLC**
Ms 960

City
Fort Washington

State
PA

Zip Code
19034

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Ada

Occupation (for Individual)

Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

09 / 25 / 2020

Transaction ID : ABADF3CB8992943A6ACE

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Rodriguez, Judith, C, Dr., RD

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 (for Individual)
University of North Florida

Occupation (for Individual)

Professor and Department Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2020

Transaction ID : AACB585EF40034C2DADE

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Russell, Mary, K, Ms.,

Mailing Address **1 Baxter Pkwy**

City
Deerfield

State
IL

Zip Code
60015-4625

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
BaxterHealthcare Corporate

Occupation (for Individual)

Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 25 / 2020

Transaction ID : AE7A8ED4E572F4187AE6

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

400.00

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

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

FOR LINE NUMBER: PAGE 10 OF 15

(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Vester-Toews, Mary, W, Mrs.,

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 (for Individual)
Dietary Directions, Inc.

Occupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : ADC3062F962E94750B77

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Skipper, Annalynn, , Dr., PhD.

Mailing Address 1206 N Euclid Ave

City

Oak Park

State

IL

Zip Code

60302-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Medical Association

Occupation (for Individual)
Rdn

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
09 / 25 / 2020

Transaction ID : AFF3975156D1D4E30A7A

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Scott, Susan, C, Mrs., RDN

Mailing Address 2925 Madrey Ln SE

City

Owens Cross Roads

State

AL

Zip Code

35763-8429

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
SCS Nutrition Consulting

Occupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

970.20

Date of Receipt

M M / D D / Y Y Y Y Y Y
09 / 25 / 2020

Transaction ID : AF0F744368C4845F697F

Amount of Each Receipt this Period

400.00

☐ Memo Item

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

750.00

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 11 OF 15
 (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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Smith, Jeanne, W, Mrs.,

Mailing Address 2345 Sheffield Dr

City
Easton

State
PA

Zip Code
18040-8601

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Lehigh Valley Nutrition

Occupation (for Individual)
Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 09 / 25 / 2020

Transaction ID : AF49B670A4EB84A4CB90

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Doran, Susan, G, ,

Mailing Address 818 Gregg St

City
Columbia

State
SC

Zip Code
29201-3926

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ada

Occupation (for Individual)
Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
 09 / 25 / 2020

Transaction ID : A808ADF689643465B9BB

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Bellesky, Karen, T, Ms., RDN

Mailing Address 4000 N Charles St
Apt 906

City
Baltimore

State
MD

Zip Code
21218-1762

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Chase Brexton

Occupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

MM / DD / YYYY
 09 / 28 / 2020

Transaction ID : AD2153AB2A52A431990F

Amount of Each Receipt this Period

150.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

550.00

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

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

FOR LINE NUMBER: PAGE 12 OF 15
(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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Wright, Lisa, Eaton, Ms., MS

Mailing Address 12 Hilltop Ct

City
Lemont

State
IL

Zip Code
60439-6134

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Moraine Valley Community College

Occupation (for Individual)
Wellness Coordinator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.20

Date of Receipt

09 / 28 / 2020

Transaction ID : A335E0A7E31BC42D0864

Amount of Each Receipt this Period

40.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Campbell, Elizabeth, C, Ms., RDN

Mailing Address 29 16th St NE

City
Washington

State
DC

Zip Code
20002-6509

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy of Nutrition & Dietetics

Occupation (for Individual)
Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

09 / 28 / 2020

Transaction ID : A035A1128FBDE45D3B07

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Lohmiller, Susan, , ,

Mailing Address 2 Normanskill Blvd
Ste 205

City
Delmar

State
NY

Zip Code
12054-1331

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Ada

Occupation (for Individual)
Reg Dietician

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

200.00

Date of Receipt

09 / 28 / 2020

Transaction ID : A1947A4CDE91A4A8CB9A

Amount of Each Receipt this Period

50.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

140.00

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 15

☒ 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 of Individual (Last, First, Middle Initial) or Full Organization Name

A. Mifsud, Paul, A, Mr.,

Mailing Address 120 S Riverside Plz
Ste 2190

City
Chicago

State
IL

Zip Code
60606-3912

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy Of Nutrition And

Occupation (for Individual)
Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : AA40EF27773BB4C75ACC

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Blankenship, Jeanne, , Ms., RDN

Mailing Address 1713 Fairview Ave

City
McLean

State
VA

Zip Code
22101-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy of Nutrition and Dietetics

Occupation (for Individual)
VP, Policy Initiatives & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

920.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : AE673D42B2113452A993

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Pavlinac, Jessie, M, Mrs.,

Mailing Address 808 SW Campus Dr

City
Portland

State
OR

Zip Code
97239-3008

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Oregon Health & Science U

Occupation (for Individual)
Director, Clinical Nutrition

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

MM / DD / YYYY
09 / 28 / 2020

Transaction ID : A0C8F85810EB4434EAEC

Amount of Each Receipt this Period

45.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

195.00

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

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

Use separate schedule(s)
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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Diekman, Connie, B, Ms., RD

Mailing Address 1 Brookings Dr

City
Saint Louis

State
MO

Zip Code
63130-4862

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Washington University in St.Louis

Occupation (for Individual)
Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.20

Date of Receipt

09 / 29 / 2020

Transaction ID : A90699D106BCB487DB39

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Karkare, Manjushree, , Ms.,

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 (for Individual)
Nutritionally Yours, LLC

Occupation (for Individual)
Rd

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

09 / 29 / 2020

Transaction ID : A57EF54E6A2D041D3838

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Martin, Hannah, E, Ms.,

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 (for Individual)
Academy of Nutrition & Dietetics

Occupation (for Individual)
Registered Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

09 / 30 / 2020

Transaction ID : A4F1D4429ED1C4BF6A52

Amount of Each Receipt this Period

25.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

775.00

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 15
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Skipper, Annalynn, , Dr., PhD.

Mailing Address 1206 N Euclid Ave

City
Oak Park

State
IL

Zip Code
60302-1221

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
American Medical Association

Occupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

09 / 30 / 2020

Transaction ID : ABE4D989FB6834C97A81

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Matthews, Lorraine, E, Mrs., RDN

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 (for Individual)
Columbus County Health Departm

Occupation (for Individual)
Dietitian

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

09 / 30 / 2020

Transaction ID : A7F0331A446CC4712A50

Amount of Each Receipt this Period

25.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

c. Blankenship, Jeanne, , Ms., RDN

Mailing Address 1713 Fairview Ave

City
McLean

State
VA

Zip Code
22101-4709

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy of Nutrition and Dietetics

Occupation (for Individual)
VP, Policy Initiatives & Advocacy

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

960.00

Date of Receipt

09 / 30 / 2020

Transaction ID : A7753270FCEFC4F8782A

Amount of Each Receipt this Period

40.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.00

3860.00