

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines American Dietetic Association Political Action Committee

ADDRESS (number and street) 1120 Connecticut Ave. NW, Suite 48 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00143560 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, Convention, General, Special, Runoff (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2008 through 05 31 2008

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

Type or Print Name of Treasurer M. Stephanie Patrick

Signature of Treasurer Electronically Filed by M. Stephanie Patrick Date 06 20 2008

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Table with 8 columns and 1 row. Column 1: Office Use Only. Column 2-8: Empty. Column 9: FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25677.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	52295.00									
(c) Total Receipts (from Line 19)	26937.00	127361.16								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	79232.00	153038.70								
7. Total Disbursements (from Line 31)	19083.65	92890.35								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60148.35	60148.35								
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
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1515.00	22641.00
(i) Itemized (use Schedule A)	25422.00	104720.16
(ii) Unitemized	26937.00	127361.16
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	26937.00	127361.16
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 Transfer (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))	26937.00	127361.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	26937.00	127361.16

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) Shared 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.....	10083.65	42865.35
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	10083.65	42865.35
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	9000.00	50000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	25.00
(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	25.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	19083.65	92890.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19083.65	92890.35

DETAILED SUMMARY PAGE
of Disbursements

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	26937.00	127361.16
34. Total Contribution Refunds (from Line 28(d))	0.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	26937.00	127336.16
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10083.65	42865.35
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10083.65	42865.35

**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 / 15
	<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

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)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Tammy L Brown	Date of Receipt MM / DD / YYYY 05 / 13 / 2008
	Mailing Address 11100 Pino Ave. Ne	Transaction ID: 80516.C90376
	City State Zip Code Albuquerque NM 87122-1161	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Division of Diabetes Occupation RD Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Carol L Danaher	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 1355 Hamilton Ave	Transaction ID: 80617.C90600
	City State Zip Code Palo Alto CA 94301-3123	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 140.00	

C.	Full Name (Last, First, Middle Initial) Carol L Danaher	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 1355 Hamilton Ave	Transaction ID: 80617.C90598
	City State Zip Code Palo Alto CA 94301-3123	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
	Name of Employer Information Requested Occupation Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 240.00	

SUBTOTAL of Receipts This Page (optional)	▶	190.00
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 / 15
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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

A. Full Name (Last, First, Middle Initial)
Connie B Diekman

Mailing Address 344 Elm Valley Dr

City State Zip Code
Webster Grvs MO 63119-4572

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

Name of Employer Occupation
Washington Univ.--St. Louis Director, University Nutrition

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 275.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	9	/	2	0	0	8

Transaction ID: 80617.C90972

Amount of Each Receipt this Period
25.00

Receipt

B. Full Name (Last, First, Middle Initial)
Mary Norris Felando

Mailing Address 12062 Argyle Dr

City State Zip Code
Rossmoor CA 90720-4408

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	2	/	2	0	0	8

Transaction ID: 80617.C90676

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Janice K Goodwin

Mailing Address 2105 University Ave.

City State Zip Code
Grand Forks ND 58203

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

Name of Employer Occupation
University ND Associate Professor

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 525.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	8

Transaction ID: 80516.C90267

Amount of Each Receipt this Period
25.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **150.00**

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 / 15
	<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)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) Janice K Goodwin	Date of Receipt MM / DD / YYYY 05 / 22 / 2008
	Mailing Address 2105 University Ave.	Transaction ID: 80617.C90638
	City State Zip Code Grand Forks ND 58203	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer University ND	Occupation Associate Professor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 550.00	

B.	Full Name (Last, First, Middle Initial) Lisa M Greathouse	Date of Receipt MM / DD / YYYY 05 / 27 / 2008
	Mailing Address 6626 Pinebrook Bridge Lane	Transaction ID: 80617.C90799
	City State Zip Code Spring TX 77379	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Univ of TX Medical	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

C.	Full Name (Last, First, Middle Initial) Barbara C Hannah	Date of Receipt MM / DD / YYYY 05 / 29 / 2008
	Mailing Address 1308 Montrose Dr	Transaction ID: 80617.C91002
	City State Zip Code Shelby NC 28150-6047	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Carolina Health Care	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

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 9 / 15
	<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)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Elizabeth A Lake

Mailing Address 3252 Summit Dr

City Escondido State CA Zip Code 92025-7532

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 22 / 2008

Transaction ID: 80617.C90624

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Jeanne J Mccarthy

Mailing Address 833 Tanglewood Dr Ne

City Concord State NC Zip Code 28025-2581

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 ▼ 200.00

Date of Receipt 05 / 05 / 2008

Transaction ID: 80516.C90305

Amount of Each Receipt this Period 100.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Stephanie Patrick

Mailing Address Ste 480
1120 Connecticut Ave Nw

City Washington State DC Zip Code 20036-3989

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

Name of Employer American Dietetic Association Occupation Vice President, Gov. Relations

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 05 / 19 / 2008

Transaction ID: 80520.C90569

Amount of Each Receipt this Period 100.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► 300.00

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 10 / 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)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Doreen L Radford

Mailing Address 458 West 1000 South

City State Zip Code
Orem UT 84058

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

Name of Employer Occupation
Utah County WIC Division Director, WIC Program

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 2 / 2 0 0 8

Transaction ID: 80617.C90617

Amount of Each Receipt this Period

200.00

Receipt

B.

Full Name (Last, First, Middle Initial)

Diane C Sowa

Mailing Address 15 Christina Cir

City State Zip Code
Wheaton IL 60187-1109

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

Name of Employer Occupation
Rush University Medical Center Director

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 3 / 2 0 0 8

Transaction ID: 80516.C90333

Amount of Each Receipt this Period

100.00

Receipt

C.

Full Name (Last, First, Middle Initial)

Ruth W St John

Mailing Address 2220 Franciscan Dr

City State Zip Code
West Lafayette IN 47906-4566

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

Name of Employer Occupation
RETIRED RD

Receipt For: Aggregate Year-to-Date
 Primary General
 Other (specify) ▼ 200.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 7 / 2 0 0 8

Transaction ID: 80617.C90749

Amount of Each Receipt this Period

200.00

Receipt

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

1515.00

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 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)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement PAC Manager Software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1877 Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 2700.00</p> <p>PAC MANAGER SOFTWARE</p>
<p>B. Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc.</p> <p>Mailing Address Attn. Fran Carille 1280 Perimeter Parkway</p> <p>City Virginia Beach State VA Zip Code 23454-5689</p> <p>Purpose of Disbursement ADAPAC fundraising expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1876 Date of Disbursement 05 / 13 / 2008</p> <p>Amount of Each Disbursement this Period 6976.18</p> <p>ADAPAC FUNDRAISING EXPENS-ES</p>
<p>C. Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement PAC Monthly Mailings</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1875 Date of Disbursement 05 / 12 / 2008</p> <p>Amount of Each Disbursement this Period 378.00</p> <p>PAC MONTHLY MAILINGS</p>

SUBTOTAL of Disbursements This Page (optional) ▶

10054.18

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)

PAGE 12 / 15

<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)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Teters

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

Purpose of Disbursement
Reimbursement for postage

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80617.E1890

Date of Disbursement

05 / 09 / 2008

Amount of Each Disbursement this Period

29.47

REIMBURSEMENT FOR POSTAGE

SUBTOTAL of Disbursements This Page (optional)

29.47

TOTAL This Period (last page this line number only)

10083.65

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)
American Dietetic Association Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Marsha Blackburn for Congress</p> <p>Mailing Address P.O. Box 682185</p> <p>City Franklin State TN Zip Code 37068-</p> <p>Purpose of Disbursement REP. MARSHA BLACKBURN (R-TN-7)</p> <p>Candidate Name MARSHA MRS. BLACKBURN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 07</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1878 Date of Disbursement 05 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. MARSHA BLACKBURN (R-TN-7)</p>
<p>B. Full Name (Last, First, Middle Initial) Congressman Benjamin L. Cardin</p> <p>Mailing Address BEN CARDIN FOR Senate P.O. Box 21093</p> <p>City Catonsville State MD Zip Code 21228-</p> <p>Purpose of Disbursement SEN. BEN CARDIN (D-MD)</p> <p>Candidate Name BENJAMIN L CARDIN</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03</p> <p>Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1865 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>SEN. BEN CARDIN (D-MD)</p>
<p>C. Full Name (Last, First, Middle Initial) Kathy Dahlkemper</p> <p>Mailing Address 530 Seminole Drive</p> <p>City Erie State PA Zip Code 16505-</p> <p>Purpose of Disbursement KATH DAHLKEMPER (D-PA-3)</p> <p>Candidate Name KATHLEEN ANN DAHLKEMPER</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80516.E1866 Date of Disbursement 05 / 01 / 2008</p> <p>Amount of Each Disbursement this Period 1500.00</p> <p>KATH DAHLKEMPER (D-PA-3)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3500.00

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)
American Dietetic Association Political Action Committee

A.	Full Name (Last, First, Middle Initial) DAKPAC Mailing Address 607 14th Street NW Suite 800 City Washington State DC Zip Code 20005- Purpose of Disbursement SEN. KENT CONRAD (D-ND) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 80516.E1879 Date of Disbursement 05 / 15 / 2008 Amount of Each Disbursement this Period 1000.00 SEN. KENT CONRAD (D-ND)
B.	Full Name (Last, First, Middle Initial) Citizens for Harkin Mailing Address P.O. Box 811 City Des Moines State IA Zip Code 50304- Purpose of Disbursement SEN. TOM HARKIN (D-IA) Candidate Name THOMAS RICHARD HARKIN Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: IA District: 00	Transaction ID: 80618.E1891 Date of Disbursement 05 / 09 / 2008 Amount of Each Disbursement this Period 500.00 SEN. TOM HARKIN (D-IA)
C.	Full Name (Last, First, Middle Initial) Jim Matheson Mailing Address P.O. Box 521048 City Salt Lake City State UT Zip Code 84152- Purpose of Disbursement REP. JIM MATHESON (D-UT-2) Candidate Name JAMES MATHESON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: UT District: 02	Transaction ID: 80516.E1867 Date of Disbursement 05 / 01 / 2008 Amount of Each Disbursement this Period 1000.00 REP. JIM MATHESON (D-UT-2)

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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)

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<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)
American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial) TOMPAC <hr/> Mailing Address TOMPAC 426 C Street NE <hr/> City Washington State DC Zip Code 20002- <hr/> Purpose of Disbursement SEN. TOM HARKIN (D-IA) Candidate Name _____ <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____ Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80516.E1874 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 9 / 2 0 0 8
	Amount of Each Disbursement this Period _____ 500.00 _____ SEN. TOM HARKIN (D-IA)
B. Full Name (Last, First, Middle Initial) Udall for Colorado <hr/> Mailing Address P.O. Box 40158 <hr/> City Denver State CO Zip Code 80204- <hr/> Purpose of Disbursement REP. MARK UDALL (D-CO-2) Candidate Name MARK E UDALL <hr/> Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 00 Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 80516.E1864 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 1 / 2 0 0 8
	Amount of Each Disbursement this Period _____ 2500.00 _____ REP. MARK UDALL (D-CO-2)

SUBTOTAL of Disbursements This Page (optional) ►

3000.00

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

9000.00