

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
 Check if different than previously reported. (ACC)
Washington DC 20036

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 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2009 through 03 31 2009

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 04 20 2009

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

Office Use Only									
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FEC FORM 3X
(Rev. 12/2004)

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		47007.74
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	58772.80									
(c) Total Receipts (from Line 19)	48648.50	107908.43								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	107421.30	154916.17								
7. Total Disbursements (from Line 31)	40439.81	87934.68								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	66981.49	66981.49								
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	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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	4776.00	16786.76
(i) Itemized (use Schedule A)	43872.50	91121.67
(ii) Unitemized	48648.50	107908.43
(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)	48648.50	107908.43
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))	48648.50	107908.43
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	48648.50	107908.43

DETAILED SUMMARY PAGE

of Disbursements

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.....	3189.81	34184.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	3189.81	34184.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	37250.00	53750.00
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	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) 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))..	40439.81	87934.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	40439.81	87934.68

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)	48648.50	107908.43
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	48648.50	107908.43
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	3189.81	34184.68
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3189.81	34184.68

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

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

FOR LINE NUMBER: PAGE 6 / 22
(check only one)
 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)
American Dietetic Association Political Action Committee

A. Full Name (Last, First, Middle Initial)
Patricia Babjak

Mailing Address 120 S Riverside Plz
Suite 2000

City State Zip Code
Chicago IL 60606-3913

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

Name of Employer American Dietetic Association
Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID: 90417.C95852

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ethan A Bergman

Mailing Address 1010 E 3rd Ave

City State Zip Code
Ellensburg WA 98926-3523

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

Name of Employer Central Washington University
Occupation Associate Dean & Professor, Co

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

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

Transaction ID: 90417.C95807

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ronni Chernoff

Mailing Address 10 Combonne Ct

City State Zip Code
Little Rock AR 72211-5513

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

Name of Employer UAMS
Occupation RD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	0	9

Transaction ID: 90319.C95681

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1450.00**

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 7 / 22
	<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) Virginia J Dantone-debarbieris		Date of Receipt MM / DD / YYYY 03 / 30 / 2009
	Mailing Address 112 River Oaks Dr		Transaction ID: 90417.C96568
	City La Place	State LA	Zip Code 70068-7100
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
	Name of Employer Nutrition Education Resources	Occupation President	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00
---	-------------------------------------

B.	Full Name (Last, First, Middle Initial) Alice J. Gute		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 755 Prospect St		Transaction ID: 90417.C96488
	City Owatonna	State MN	Zip Code 55060-3619
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
	Name of Employer RETIRED	Occupation RD	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00
---	------------------------------------

C.	Full Name (Last, First, Middle Initial) Lorri Holzberg		Date of Receipt MM / DD / YYYY 03 / 31 / 2009
	Mailing Address 2407 Sharon Rd		Transaction ID: 90417.C96435
	City Menlo Park	State CA	Zip Code 94025-6800
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 26.00
	Name of Employer CAMINO MEDICAL GROUP	Occupation RD	Receipt

Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 594.00
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SUBTOTAL of Receipts This Page (optional)	▶	1276.00
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 / 22
	<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) Marian C Johnson		Date of Receipt
	Mailing Address 4014 Sw Holgate St		<input type="text" value="03"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Seattle	WA	98116-2017
	FEC ID number of contributing federal political committee. C		Transaction ID: 90417.C96554
Name of Employer Fred Hutchinson Research		Occupation DIETITIAN	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="252.00"/>	<input type="text" value="50.00"/>
Receipt			

B.	Full Name (Last, First, Middle Initial) Janet M Kreh		Date of Receipt
	Mailing Address 2122 Smoky View Blvd		<input type="text" value="03"/> / <input type="text" value="12"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Powell	OH	43065-9210
	FEC ID number of contributing federal political committee. C		Transaction ID: 90319.C95536
Name of Employer DEPT OF MENTAL HEALTH		Occupation Customer Service	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="200.00"/>	<input type="text" value="200.00"/>
Receipt			

C.	Full Name (Last, First, Middle Initial) Mary E Kunkel		Date of Receipt
	Mailing Address 111 Hillcrest Ave		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Clemson	SC	29631-1309
	FEC ID number of contributing federal political committee. C		Transaction ID: 90417.C96001
Name of Employer Clemson University		Occupation Professor	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"/>
Receipt			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 9 / 22
(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)
Susan H Laramée

Mailing Address 49 South Street

City State Zip Code
Rockport MA 01966

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

Name of Employer Occupation
SODEXHO Clinical Recruitment Manager

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
03 / 31 / 2009

Transaction ID: 90417.C95965

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
B Thomas Malone

Mailing Address 26315 Reyglen Dr

City State Zip Code
San Antonio TX 78255-3548

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

Name of Employer Occupation
SO. TX. VA Health care system RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 310.00

Date of Receipt
MM / DD / YYYY
03 / 18 / 2009

Transaction ID: 90319.C95670

Amount of Each Receipt this Period
250.00

Receipt

C. Full Name (Last, First, Middle Initial)
Nancy Oberschmidt

Mailing Address 1507 Se Alder St

City State Zip Code
Portland OR 97214-2636

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

Name of Employer Occupation
OHSU MEDICAL CENTER Asst. Dir. of Food & Nutrition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt
MM / DD / YYYY
03 / 12 / 2009

Transaction ID: 90319.C95522

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **950.00**

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 / 22

(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)
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 ▼ 300.00

Date of Receipt 03 / 23 / 2009

Transaction ID: 90417.C95793

Amount of Each Receipt this Period 100.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Helen A Shaw

Mailing Address 1604 Fox Hollow Rd

City Greensboro State NC Zip Code 27410-3704

FEC ID number of contributing federal political committee. C

Name of Employer RETIRED Occupation Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 12 / 2009

Transaction ID: 90319.C95552

Amount of Each Receipt this Period 250.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Nonie A Woolf

Mailing Address Po Box 1752

City Browning State MT Zip Code 59417-1752

FEC ID number of contributing federal political committee. C

Name of Employer Indian Health Service Occupation RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 31 / 2009

Transaction ID: 90417.C96340

Amount of Each Receipt this Period 250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	600.00
TOTAL This Period (last page this line number only)	4776.00

**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

A.	Full Name (Last, First, Middle Initial) U.S. Postal Service	Transaction ID: 90319.E2022 Date of Disbursement 03 / 11 / 2009
	Mailing Address 1050 Connecticut Ave NW	Amount of Each Disbursement this Period 420.00
	City Washington State DC Zip Code 20036-5308	
	Purpose of Disbursement ADAPAC monthly mailings Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		ADAPAC MONTHLY MAILINGS

B.	Full Name (Last, First, Middle Initial) Ronald Smith	Transaction ID: 90417.E2026 Date of Disbursement 03 / 26 / 2009
	Mailing Address Ste 480 1120 Connecticut Ave Nw	Amount of Each Disbursement this Period 2692.68
	City Washington State DC Zip Code 20036-3989	
	Purpose of Disbursement REIMBURSEMENT: SEE BELOW Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REIMBURSEMENT: SEE BELOW

C.	Full Name (Last, First, Middle Initial) JetBlue Airlines	Transaction ID: 90417.E2031 Date of Disbursement 03 / 26 / 2009
	Mailing Address 800 Tech Row	Amount of Each Disbursement this Period 309.20
	City Madison Heights State MI Zip Code 48071-	
	Purpose of Disbursement Travel for Rep. Wasserman Schultz Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		[MEMO ITEM] MEMO: TRAVEL FOR REP. WAS- SERMAN SCHULTZ

SUBTOTAL of Disbursements This Page (optional)

3112.68

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 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)
Fontainebleau Miami Beach

Mailing Address 4441 Collins Ave

City Miami Beach State FL Zip Code 33140-

Purpose of Disbursement
Travel - Rep. Wasserman Schultz

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90417.E2030

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

738.88

[MEMO ITEM]

MEMO: TRAVEL - REP. WASSERMAN SCHULTZ

B.

Full Name (Last, First, Middle Initial)
Marriott Suites on Sand Key

Mailing Address 1201 Gulf Blvd

City Clearwater Beach State FL Zip Code 33767-2745

Purpose of Disbursement
Travel - Rep. Schwartz

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90417.E2028

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

669.00

[MEMO ITEM]

MEMO: TRAVEL - REP. SCHWARTZ

C.

Full Name (Last, First, Middle Initial)
Hertz Car Rental

Mailing Address Denver Airport

City Denver State CO Zip Code 80249-

Purpose of Disbursement
Rep. Wasserman Schultz

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Transaction ID: 90417.E2029

Date of Disbursement

03 / 26 / 2009

Amount of Each Disbursement this Period

440.19

[MEMO ITEM]

MEMO: REP. WASSERMAN SCHULTZ

SUBTOTAL of Disbursements This Page (optional)

0.00

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)

PAGE 13 / 22

<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)

Hertz Car Rental

Mailing Address Denver Airport

City State Zip Code
Denver CO 80249-

Purpose of Disbursement
Travel - Rep Schwartz

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 90417.E2027

Date of Disbursement

MM / DD / YYYY
03 / 26 / 2009

Amount of Each Disbursement this Period

371.24

[MEMO ITEM]

MEMO: TRAVEL - REP SCHWARTZ

SUBTOTAL of Disbursements This Page (optional)

0.00

TOTAL This Period (last page this line number only)

3112.68

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) Friends of Ginny Brown-Waite <hr/> Mailing Address P.O. Box 865 <hr/> City Brooksville State FL Zip Code 34605- <hr/> Purpose of Disbursement REP. GINNY BROWN-WAITE (R-FL-5) <hr/> Candidate Name VIRGINIA BROWN-WAITE <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 05 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90417.E2042 Date of Disbursement 03 / 31 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> REP. GINNY BROWN-WAITE (R-FL-5)
B.	Full Name (Last, First, Middle Initial) Congresswoman Lois Capps <hr/> Mailing Address FRIENDS OF LOIS CAPPS P.O. Box 23940 <hr/> City Santa Barbara State CA Zip Code 93121- <hr/> Purpose of Disbursement REP. LOIS CAPPS (D-CA) <hr/> Candidate Name LOIS G CAPPS <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90417.E2036 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> REP. LOIS CAPPS (D-CA)
C.	Full Name (Last, First, Middle Initial) Cedillo for Congress <hr/> Mailing Address 1212 S. Victory Blvd <hr/> City Burbank State CA Zip Code 91502- <hr/> Purpose of Disbursement GIL CEDILLO (D-CA-32) <hr/> Candidate Name GILBERT CEDILLO <hr/> Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 32 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 90417.E2039 Date of Disbursement 03 / 26 / 2009 <hr/> Amount of Each Disbursement this Period 1000.00 <hr/> GIL CEDILLO (D-CA-32)

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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	Transaction ID: 90417.E2034 Date of Disbursement 03 / 26 / 2009	
	Mailing Address 607 14th St NW Suite 800		
	City Washington State DC Zip Code 20005-2000	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement SEN. KENT CONRAD (D-ND) LEADERSHIP		
	Candidate Name SEN. KENT CONRAD (D-ND) LEADERSHIP		
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:		
B.	Full Name (Last, First, Middle Initial) Congresswoman Diana DeGette	Transaction ID: 90417.E2035 Date of Disbursement 03 / 26 / 2009	
	Mailing Address DIANA DEGETTE FOR CONGRESS INC P.O. Box 61337		
	City Denver State CO Zip Code 80206-8337	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement REP. DIANA DEGETTE (D-CO)		
	Candidate Name REP. DIANA DEGETTE (D-CO)		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: CO District: 01		
C.	Full Name (Last, First, Middle Initial) Congressman Lloyd Doggett	Transaction ID: 90319.E2017 Date of Disbursement 03 / 06 / 2009	
	Mailing Address DOGGETT FOR U S CONGRESS COMM. PO Box 5843		
	City Austin State TX Zip Code 78763-	Amount of Each Disbursement this Period 2000.00	
	Purpose of Disbursement REP. LLOYD DOGGETT (D-TX10)		
	Candidate Name REP. LLOYD DOGGETT (D-TX10)		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: TX District: 25		

SUBTOTAL of Disbursements This Page (optional) ▶

4000.00

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)

PAGE 17 / 22

<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) Friends of Dick Durbin	Transaction ID: 90319.E2013 Date of Disbursement 03 / 06 / 2009
	Mailing Address 200 E Jefferson St	Amount of Each Disbursement this Period 1000.00
	City Falls Church State VA Zip Code 22046-3531	Category/ Type SEN. DICK DURBIN (D-IL)
	Purpose of Disbursement SEN. DICK DURBIN (D-IL) Candidate Name RICHARD J DURBIN	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 00	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
B.	Full Name (Last, First, Middle Initial) Congresswoman Jo Ann Emerson	Transaction ID: 90319.E2024 Date of Disbursement 03 / 12 / 2009
	Mailing Address TEAM EMERSON for Jo Ann Emerson PO Box 822	Amount of Each Disbursement this Period 1000.00
	City Cape Girardeau State MO Zip Code 63701-	Category/ Type REP. JO ANN EMERSON (R-MO)
	Purpose of Disbursement REP. JO ANN EMERSON (R-MO) Candidate Name JOANN EMERSON	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MO District: 08	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
C.	Full Name (Last, First, Middle Initial) Congressman Eliot L. Engel	Transaction ID: 90417.E2049 Date of Disbursement 03 / 06 / 2009
	Mailing Address ENGEL FOR CONGRESS 462 California Road	Amount of Each Disbursement this Period 1000.00
	City Bronxville State NY Zip Code 10708-	Category/ Type REP. ELLIOT ENGEL (D-NY)
	Purpose of Disbursement REP. ELLIOT ENGEL (D-NY) Candidate Name ELIOT ENGEL	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NY District: 17	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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) John S Fund Mailing Address P.O. Box 853 City Edwardsville State IL Zip Code 62025- Purpose of Disbursement REP. JOHN SHIMKUS (R-IL) Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90319.E2012 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 1000.00 REP. JOHN SHIMKUS (R-IL)
B.	Full Name (Last, First, Middle Initial) Goodlatte for Congress Committee Mailing Address P.O. Box 292 City Roanoke State VA Zip Code 24002- Purpose of Disbursement REP. BOB GOODLATTE (R-VA) Candidate Name ROBERT W. GOODLATTE Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: VA District: 06	Transaction ID: 90319.E2021 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 250.00 REP. BOB GOODLATTE (R-VA)
C.	Full Name (Last, First, Middle Initial) Ron Kind for Congress Committee Mailing Address 205 5th Ave S Suite 426 City La Crosse State WI Zip Code 54601-4044 Purpose of Disbursement REP. RON KIND (D-WI) Candidate Name RON KIND Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: WI District: 03	Transaction ID: 90417.E2033 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 2500.00 REP. RON KIND (D-WI)

SUBTOTAL of Disbursements This Page (optional) ▶	3750.00
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) Senator Blanche Lambert Lincoln	Transaction ID: 90417.E2043 Date of Disbursement 03 / 31 / 2009	
	Mailing Address FRIENDS OF BLANCHE LINCOLN FOR SEN PO Box 3197		
	City Little Rock State AR Zip Code 72203-	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement SEN. BLANCHE LINCOLN (D-AR)	SEN. BLANCHE LINCOLN (D-A-R)	Category/ Type
	Candidate Name BLANCHE LAMBERT LINCOLN		
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: AR District: 00		
B.	Full Name (Last, First, Middle Initial) Moran for Kansas	Transaction ID: 90417.E2038 Date of Disbursement 03 / 26 / 2009	
	Mailing Address P.O. Box 1151		
	City Hays State KS Zip Code 67601-	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement REP. JERRY MORAN (R-KS)	REP. JERRY MORAN (R-KS)	Category/ Type
	Candidate Name JERRY MORAN		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: KS District: 01		
C.	Full Name (Last, First, Middle Initial) Scott Murphy for Congress	Transaction ID: 90417.E2041 Date of Disbursement 03 / 26 / 2009	
	Mailing Address 615 Glen Street		
	City Glens Falls State NY Zip Code 12801-	Amount of Each Disbursement this Period 1000.00	
	Purpose of Disbursement SCOTT MURPHY (D-NY-20)	SCOTT MURPHY (D-NY-20)	Category/ Type
	Candidate Name SCOTT H MURPHY		
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: NY District: 20		

SUBTOTAL of Disbursements This Page (optional)	3000.00
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

<p>A. Full Name (Last, First, Middle Initial) Nancy Pelosi for Congress</p> <p>Mailing Address 235 Montgomery Street Suite 610</p> <p>City San Francisco State CA Zip Code 94104-</p> <p>Purpose of Disbursement REP. NANCY PELOSI (D-CA-8)</p> <p>Candidate Name NANCY PELOSI</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90319.E2020 Date of Disbursement 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>REP. NANCY PELOSI (D-CA-8)</p>
<p>B. Full Name (Last, First, Middle Initial) We the People PAC</p> <p>Mailing Address P.O. Box 2232</p> <p>City Jenkintown State PA Zip Code 19046-</p> <p>Purpose of Disbursement REP. ALLYSON SCHWARTZ (D-PA)</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: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90319.E2023 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>REP. ALLYSON SCHWARTZ (D-PA)</p>
<p>C. Full Name (Last, First, Middle Initial) Friends of Harry Reid</p> <p>Mailing Address P.O Box 19163</p> <p>City Las Vegas State NV Zip Code 89132-</p> <p>Purpose of Disbursement SEN. HARRY REID (D-NV)</p> <p>Candidate Name HARRY REID</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90417.E2037 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>SEN. HARRY REID (D-NV)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

6000.00

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

<p>A. Full Name (Last, First, Middle Initial) Wasserman Schultz for Congress</p> <p>Mailing Address 1017 Twin Branch Lane</p> <p>City Weston State FL Zip Code 33326-</p> <p>Purpose of Disbursement REP. DEBBIE WASSERMAN SCHULTZ (D-FL)</p> <p>Candidate Name DEBBIE WASSERMAN SCHULTZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 20</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90417.E2040 Date of Disbursement 03 / 26 / 2009</p> <p>Amount of Each Disbursement this Period 5000.00</p> <p>REP. DEBBIE WASSERMAN SCHULTZ (D-FL)</p>
<p>B. Full Name (Last, First, Middle Initial) Rep. Allyson Schwartz</p> <p>Mailing Address P.O. Box 2282</p> <p>City Jenkintown State PA Zip Code 19046-</p> <p>Purpose of Disbursement REP. ALLYSON SCHWARTZ (D-PA-13)</p> <p>Candidate Name ALLYSON Y. SCHWARTZ</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90319.E2018 Date of Disbursement 03 / 12 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. ALLYSON SCHWARTZ (D-PA-13)</p>
<p>C. Full Name (Last, First, Middle Initial) Congressman Fortney Peter Stark</p> <p>Mailing Address PETE STARK RE-ELECTION COMMITTEE PO Box 8331</p> <p>City Fremont State CA Zip Code 94537-</p> <p>Purpose of Disbursement REP. PETE STARK (D-CA-13)</p> <p>Candidate Name FORTNEY P. STARK</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 13</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 90417.E2048 Date of Disbursement 03 / 06 / 2009</p> <p>Amount of Each Disbursement this Period 2500.00</p> <p>REP. PETE STARK (D-CA-13)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

8500.00

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) TOMPAC Mailing Address TOMPAC 426 C Street NE City Washington State DC Zip Code 20002- Purpose of Disbursement SEN. TOM HARKIN (D-IA) LEADERSHIP Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: 90417.E2032 Date of Disbursement 03 / 26 / 2009 Amount of Each Disbursement this Period 1000.00 SEN. TOM HARKIN (D-IA) LEADERSHIP
B.	Full Name (Last, First, Middle Initial) Congressman Patrick J. Tiberi Mailing Address Tiberi for Congress 217 3rd Street, SE City Washington State DC Zip Code 20003- Purpose of Disbursement REP. PAT TIBERI (R-OH-12) Candidate Name PATRICK J TIBERI Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: OH District: 12	Transaction ID: 90319.E2011 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 1000.00 REP. PAT TIBERI (R-OH-12)
C.	Full Name (Last, First, Middle Initial) Congressman Fred Upton Mailing Address UPTON FOR ALL OF US PO Box 490 City St Joseph State MI Zip Code 49085- Purpose of Disbursement REP. FRED UPTON (R-MI-6) Candidate Name FREDERICK STEPHEN UPTON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: MI District: 06	Transaction ID: 90319.E2016 Date of Disbursement 03 / 06 / 2009 Amount of Each Disbursement this Period 1000.00 REP. FRED UPTON (R-MI-6)

SUBTOTAL of Disbursements This Page (optional) ▶	3000.00
TOTAL This Period (last page this line number only) ▶	37250.00