

**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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

	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>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		51371.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	39795.89									
(c) Total Receipts (from Line 19)	34551.80	107464.85								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	74347.69	158836.66								
7. Total Disbursements (from Line 31)	19913.69	104402.66								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54434.00	54434.00								
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	6

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	7

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	5281.00	20057.00
(i) Itemized (use Schedule A)	29260.80	87397.85
(ii) Unitemized	34541.80	107454.85
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	0.00
(b) Political Party Committees	10.00	10.00
(c) Other Political Committees (such as PACs)	34551.80	107464.85
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)		
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))	34551.80	107464.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	34551.80	107464.85

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)	0.00	0.00
(i) Federal Share.....		
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	8913.69	51402.66
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	8913.69	51402.66
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	11000.00	53000.00
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))..	19913.69	104402.66
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	19913.69	104402.66

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)	34551.80	107464.85
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	34551.80	107464.85
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8913.69	51402.66
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8913.69	51402.66

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 19
	<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)
Neva H Cochran

Mailing Address 6916 Forest Cove Cir

City State Zip Code
Dallas TX 75230-2351

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

Name of Employer Occupation
SELF-EMPLOYED RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
552.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84670

Amount of Each Receipt this Period
52.00

Receipt

B. Full Name (Last, First, Middle Initial)
Sonja L Connor

Mailing Address Oregon Health & Science University
3181 Sw Sam Jackson Park Rd

City State Zip Code
Portland OR 97239-3011

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

Name of Employer Occupation
Oregon Health & Science Univ Research Associate Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84679

Amount of Each Receipt this Period
1000.00

Receipt

C. Full Name (Last, First, Middle Initial)
Margaret P Garner

Mailing Address 9 Dunbrook

City State Zip Code
Tuscaloosa AL 35406

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

Name of Employer Occupation
University of Alabama - Birmin Associate Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84656

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1302.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 19
	<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)
Anna Elizabeth Glynn

Mailing Address 905 Juniper Place

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
INOVA Diabetes Center RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
MM / DD / YYYY
06 / 12 / 2007

Transaction ID: 70618.C84761

Amount of Each Receipt this Period
100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Anna Elizabeth Glynn

Mailing Address 905 Juniper Place

City State Zip Code
Alexandria VA 22304

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

Name of Employer Occupation
INOVA Diabetes Center RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70718.C84996

Amount of Each Receipt this Period
100.00

Receipt

C. Full Name (Last, First, Middle Initial)
Rosalyn H Haase

Mailing Address 926 Donald Street

City State Zip Code
Medford WI 54451

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

Name of Employer Occupation
Medford Clinic RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
MM / DD / YYYY
06 / 21 / 2007

Transaction ID: 70718.C85049

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	400.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 19
	<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)
Charlotte A Hayes

Mailing Address 900 Lost Forest Dr Nw

City Atlanta State GA Zip Code 30328-2159

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

Name of Employer Project Open Hand Atlanta Occupation RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt
06 / 18 / 2007

Transaction ID: 70618.C84912

Amount of Each Receipt this Period
-100.00

Receipt

B. Full Name (Last, First, Middle Initial)
Ane Marie Kis-duryea

Mailing Address PO Box 146
103 Sibley Ave

City Ardmore State PA Zip Code 19003-0146

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

Name of Employer SELF-EMPLOYED Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt
06 / 11 / 2007

Transaction ID: 70618.C84693

Amount of Each Receipt this Period
50.00

Receipt

C. Full Name (Last, First, Middle Initial)
Ane Marie Kis-duryea

Mailing Address PO Box 146
103 Sibley Ave

City Ardmore State PA Zip Code 19003-0146

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

Name of Employer SELF-EMPLOYED Occupation Executive Director

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
06 / 11 / 2007

Transaction ID: 70618.C84692

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	450.00
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 19
	<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)
Clara H Lawhead

Mailing Address 7340 Colley Rd

City State Zip Code
Odessa FL 33556-3966

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

Name of Employer Occupation
Pasco County Health Department Public Health Nutritionist

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 259.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84697

Amount of Each Receipt this Period
250.00

Receipt

B. Full Name (Last, First, Middle Initial)
Bongwhan Lim

Mailing Address 8892 River Styx Rd

City State Zip Code
Wadsworth OH 44281-9534

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

Name of Employer Occupation
Edwin Shaw Rehabilitation RD

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 202.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84546

Amount of Each Receipt this Period
52.00

Receipt

C. Full Name (Last, First, Middle Initial)
Janet K Little

Mailing Address 6029 Helen Dr

City State Zip Code
Allentown PA 18104-9536

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

Name of Employer Occupation
SELF-EMPLOYED Nutrition Consultant

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 500.00

Date of Receipt
M M / D D / Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84655

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	802.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 19
	<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)
Constance Locher-bussard

Mailing Address 28 Pinehurst Dr

City State Zip Code
Springfield IL 62704-3121

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

Name of Employer Occupation
N/A @ PRESENT RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84648

Amount of Each Receipt this Period
1000.00

Receipt

B. Full Name (Last, First, Middle Initial)
Helen F Lodge

Mailing Address 4106 Virginia Ave Se

City State Zip Code
Charleston WV 25304-1606

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

Name of Employer Occupation
RETIRED REGISTERED DIETITIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84659

Amount of Each Receipt this Period
125.00

Receipt

C. Full Name (Last, First, Middle Initial)
Gyulene Maurer

Mailing Address Po Box 27

City State Zip Code
Boonville IN 47601-0027

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

Name of Employer Occupation
HEALTH DEPARTMENT RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 19 / 2007

Transaction ID: 70718.C84937

Amount of Each Receipt this Period
200.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1325.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 19
	<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)
Ronald S Moen

Mailing Address Apt 3010
605 W Madison St

City State Zip Code
Chicago IL 60661-2480

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

Name of Employer American Dietetic Association
Occupation Chief Executive Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
950.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 25 / 2007

Transaction ID: 70718.C85274

Amount of Each Receipt this Period
300.00

Receipt

B. Full Name (Last, First, Middle Initial)
Elizabeth R Thompson

Mailing Address 4896 Valdina Way

City State Zip Code
San Diego CA 92124-2432

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

Name of Employer American Specialty Health
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 Y
06 / 25 / 2007

Transaction ID: 70718.C85299

Amount of Each Receipt this Period
200.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Suzy K Weems

Mailing Address 1109 Castle Bluff Circle

City State Zip Code
Waco TX 76712

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

Name of Employer Baylor University
Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
677.00

Date of Receipt
M M / D D / Y Y Y Y Y
06 / 11 / 2007

Transaction ID: 70618.C84701

Amount of Each Receipt this Period
52.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	552.00
TOTAL This Period (last page this line number only)	▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 19
	<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

Full Name (Last, First, Middle Initial) A. Melita L Wiedenman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 21 / 2007
Mailing Address 1929 Eilers Ct		Transaction ID: 70718.C85061
City State Zip Code Huron SD 57350-3846	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer N/A @ PRESENT	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

Full Name (Last, First, Middle Initial) B. Melita L Wiedenman		Date of Receipt M M / D D / Y Y Y Y Y 06 / 25 / 2007
Mailing Address 1929 Eilers Ct		Transaction ID: 70718.C85305
City State Zip Code Huron SD 57350-3846	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer N/A @ PRESENT	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) C. Rebecca L Womble		Date of Receipt M M / D D / Y Y Y Y Y 06 / 11 / 2007
Mailing Address 57 Sentinel Rd		Transaction ID: 70618.C84654
City State Zip Code Washington Cross PA 18977-1144	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer BRISTOL MYERS SQUIBB	Occupation DIETITIAN	
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) ▶	450.00
TOTAL This Period (last page this line number only) ▶	5281.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 19
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Dang Ly

Mailing Address Floor 3
160 Green Street

City Newark State NJ Zip Code 07105

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

Name of Employer N/A @ PRESENT Occupation RD

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	7	

Transaction ID: 70718.C85083

Amount of Each Receipt this Period
10.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	10.00
TOTAL This Period (last page this line number only)	▶	10.00

**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

Full Name (Last, First, Middle Initial) A. Membership Marketing Services, Inc.		Transaction ID: 70718.E1693 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 7
Mailing Address Attn. Fran Carille 1280 Perimeter Parkway		Amount of Each Disbursement this Period 6897.44
City Virginia Beach State VA Zip Code 23454-5689	FUNDRAISING EXPENSES FOR THE PAC	
Purpose of Disbursement FUNDRAISING EXPENSES FOR THE PAC		Category/ Type
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) B. U.S. Postal Service		Transaction ID: 70618.E1687 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 8 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 266.50
City Washington State DC Zip Code 20036-5308	PAC MAILINGS	
Purpose of Disbursement PAC MAILINGS		Category/ Type
Candidate Name		
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) ▼	

Full Name (Last, First, Middle Initial) C. Ronald Smith		Transaction ID: 70618.E1689 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW #480		Amount of Each Disbursement this Period 1749.75
City Washington State DC Zip Code 20036-3902	REIMBURSEMENT: SEE BELOW	
Purpose of Disbursement REIMBURSEMENT: SEE BELOW		Category/ Type
Candidate Name		
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) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	8913.69
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 15 / 19

<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

Full Name (Last, First, Middle Initial) A. United Airlines		Transaction ID: 71011.E1747 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Thomas Ave & Abingdon		Amount of Each Disbursement this Period 521.80
City Arlington State VA Zip Code 22202-	Purpose of Disbursement REIMBURSEMENT FOR TRAVEL TO EVENT	
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: REIMBURSEMENT FOR TRAVEL TO EVENT

Full Name (Last, First, Middle Initial) B. The Inverness Hotel		Transaction ID: 71011.E1748 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address 200 Inverness Drive West		Amount of Each Disbursement this Period 890.66
City Englewood State CO Zip Code 80112-	Purpose of Disbursement REIMBURSEMENT FOR HOTEL FOR EVENT	
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: REIMBURSEMENT FOR HOTEL FOR EVENT

Full Name (Last, First, Middle Initial) C. Hertz Car Rental		Transaction ID: 71011.E1746 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address Denver Airport		Amount of Each Disbursement this Period 244.35
City Denver State CO Zip Code 80249-	Purpose of Disbursement FOR TRAVEL TO A FUNDRAISING EVENT	
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: FOR TRAVEL TO A FUN- DRAISING EVENT

SUBTOTAL of Disbursements This Page (optional) ▶	0.00
TOTAL This Period (last page this line number only) ▶	8913.69

**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

Full Name (Last, First, Middle Initial) A. Congressman Xavier Becerra		Transaction ID: 70618.E1683 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address BECERRA FOR CONGRESS PO Box 261060		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90026-	Purpose of Disbursement SUPPORT FOR REP. XAVIER BECERRA	SUPPORT FOR REP. XAVIER BECERRA
Candidate Name _____	Category/ Type	
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: _____		

Full Name (Last, First, Middle Initial) B. Congressman Sherrod Brown		Transaction ID: 70618.E1684 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 5 / 2 0 0 7
Mailing Address FRIENDS OF SHERROD BROWN 426 C Street, NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement SEN. SHERROD BROWN (D-OH)	SEN. SHERROD BROWN (D-OH)
Candidate Name _____	Category/ Type	
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: _____		

Full Name (Last, First, Middle Initial) C. Richard Burr		Transaction ID: 70618.E1688 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 1 / 2 0 0 7
Mailing Address PO Box 5928		Amount of Each Disbursement this Period 1000.00
City Winston Salem	State NC	
Zip Code 27113-5928	Purpose of Disbursement SUPPORT FOR SEN. RICHARD BURR (R-NC)	SUPPORT FOR SEN. RICHARD BURR (R-NC)
Candidate Name _____	Category/ Type	
Office Sought: <input type="checkbox"/> House <input 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: _____ District: _____		

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

Full Name (Last, First, Middle Initial) A. Congressman Lloyd Doggett		Transaction ID: 70618.E1681 Date of Disbursement 06 / 05 / 2007
Mailing Address DOGGETT FOR U S CONGRESS COMM. PO Box 5843		Amount of Each Disbursement this Period 500.00
City Austin State TX Zip Code 78763-	Purpose of Disbursement SUPPORT FOR REP. LLOYD DOGGETT Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR REP. LLOYD DOGGETT

Full Name (Last, First, Middle Initial) B. Congressman Eliot L. Engel		Transaction ID: 70618.E1686 Date of Disbursement 06 / 08 / 2007
Mailing Address ENGEL FOR CONGRESS 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement SUPPORT FOR REP. ELIOT ENGEL Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR REP. ELIOT ENGEL

Full Name (Last, First, Middle Initial) C. Anna Eshoo for Congress		Transaction ID: 70618.E1691 Date of Disbursement 06 / 11 / 2007
Mailing Address PO Box 636		Amount of Each Disbursement this Period 1000.00
City Annandale State VA Zip Code 22003-0636	Purpose of Disbursement SUPPORT FOR REP. ANNA ESHOO Candidate Name Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR REP. ANNA ESHOO

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)

PAGE 18 / 19

<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

Full Name (Last, First, Middle Initial) A. Hoosiers for Hill		Transaction ID: 70618.E1682 Date of Disbursement 06 / 05 / 2007	
Mailing Address PO Box 1071		Amount of Each Disbursement this Period 1000.00	
City Seymour State IN Zip Code 47274-1071	Purpose of Disbursement SUPPORT FOR REP. BARON HILL Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR REP. BARON HILL	

Full Name (Last, First, Middle Initial) B. Amy Klobuchar		Transaction ID: 70718.E1694 Date of Disbursement 06 / 22 / 2007	
Mailing Address 10 G St NE Ste 470		Amount of Each Disbursement this Period 1000.00	
City Washington State DC Zip Code 20002-8038	Purpose of Disbursement SUPPORT FOR SENATOR AMY KLOBUCHAR Candidate Name	Category/ Type	
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) ▼	SUPPORT FOR SENATOR AMY KLOBUCHAR	

Full Name (Last, First, Middle Initial) C. Friends of Jay Rockefeller		Transaction ID: 70618.E1685 Date of Disbursement 06 / 05 / 2007	
Mailing Address 110 E Broad St # B		Amount of Each Disbursement this Period 1000.00	
City Falls Church State VA Zip Code 22046-4501	Purpose of Disbursement SUPPORT FOR SENATOR JOHN ROCKEFELLE Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR SENATOR JOHN ROCKEFELLE	

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

**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

Full Name (Last, First, Middle Initial) A. Democrats Win Seats PAC		Transaction ID: 70618.E1692 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address 1071 Twin Branch Lane		Amount of Each Disbursement this Period 1500.00
City Weston State FL Zip Code 33326-	Purpose of Disbursement SUPPORT FOR REP. WASSERMAN-SCHULTZ	
Candidate Name		Category/Type SUPPORT FOR REP. WASSERMAN-SCHULTZ
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. Congressman David Wu		Transaction ID: 70618.E1690 Date of Disbursement M M / D D / Y Y Y Y 06 / 11 / 2007
Mailing Address Dave Wu for Congress 818 SW 3rd St #1182		Amount of Each Disbursement this Period 1000.00
City Portland State OR Zip Code 97205-	Purpose of Disbursement SUPPORT FOR REP. DAVID WU	
Candidate Name		Category/Type SUPPORT FOR REP. DAVID WU
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

11000.00