

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 2007 through 03 31 2007

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 11 08 2007

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

**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	7

 To:

M	M
0	3

D	D
3	1

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	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="center">51371.81</td></tr></table>	51371.81
Y	Y	Y	Y									
2	0	0	7									
51371.81												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%;"><tr><td align="center">48417.72</td></tr></table>	48417.72										
48417.72												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%;"><tr><td align="center">13285.50</td></tr></table>	13285.50	<table border="1" style="width: 100%;"><tr><td align="center">22178.50</td></tr></table>	22178.50								
13285.50												
22178.50												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%;"><tr><td align="center">61703.22</td></tr></table>	61703.22	<table border="1" style="width: 100%;"><tr><td align="center">73550.31</td></tr></table>	73550.31								
61703.22												
73550.31												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%;"><tr><td align="center">30325.37</td></tr></table>	30325.37	<table border="1" style="width: 100%;"><tr><td align="center">42172.46</td></tr></table>	42172.46								
30325.37												
42172.46												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%;"><tr><td align="center">31377.85</td></tr></table>	31377.85	<table border="1" style="width: 100%;"><tr><td align="center">31377.85</td></tr></table>	31377.85								
31377.85												
31377.85												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%;"><tr><td align="center">0.00</td></tr></table>	0.00										
0.00												

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

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	7

 To:

M	M
0	3

D	D
3	1

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	6125.00	7775.00
(i) Itemized (use Schedule A)	7160.50	14403.50
(ii) Unitemized	13285.50	22178.50
(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)	13285.50	22178.50
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))	13285.50	22178.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	13285.50	22178.50

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.....	14325.37	19672.46
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	14325.37	19672.46
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16000.00	22500.00
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))..	30325.37	42172.46
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	30325.37	42172.46

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)	13285.50	22178.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	13285.50	22178.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14325.37	19672.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14325.37	19672.46

**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 / 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)
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 Information Requested Occupation
RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 70417.C83128

Amount of Each Receipt this Period
500.00

Receipt

B. 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 Washington University- St. Lou Occupation
Director, University Nutrition

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 20 / 2007

Transaction ID: 70417.C83069

Amount of Each Receipt this Period
250.00

Receipt

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

Mailing Address PO Box 146
103 Sibley Ave

City State Zip Code
Ardmore PA 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 ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 28 / 2007

Transaction ID: 70417.C83118

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional) ► **1250.00**

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 / 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)
Helen W Lane

Mailing Address 858 Ramada Dr

City State Zip Code
Houston TX 77062

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

Name of Employer
National Aeronautics and Space

Occupation
DIETITIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2007

Transaction ID: 70417.C83095

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Karen A Lechowich

Mailing Address Apt 604
50 E Bellevue Pl

City State Zip Code
Chicago IL 60611-6105

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

Name of Employer
ADA

Occupation
VP professional development

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2007

Transaction ID: 70417.C83067

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Carolyn J Leontos

Mailing Address 628 Overview Dr

City State Zip Code
Las Vegas NV 89145-4830

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

Name of Employer
Univ. of Nevada Cooperative Ex

Occupation
REGISTERED DIETITIAN

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 28 / 2007

Transaction ID: 70417.C83125

Amount of Each Receipt this Period
1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	2000.00
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 / 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)
Dianne Lollar

Mailing Address 676 Lollar Hill Rd

City State Zip Code
Oakman AL 35579-3820

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

Name of Employer Walker County Health Dept
Occupation Nutrition Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
375.00

Date of Receipt
MM / DD / YYYY
03 / 30 / 2007

Transaction ID: 71108.C87426

Amount of Each Receipt this Period
125.00

Receipt

B. 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 ▼
650.00

Date of Receipt
MM / DD / YYYY
03 / 20 / 2007

Transaction ID: 70417.C83090

Amount of Each Receipt this Period
450.00

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
03 / 28 / 2007

Transaction ID: 70417.C83110

Amount of Each Receipt this Period
300.00

Receipt

SUBTOTAL of Receipts This Page (optional)	875.00
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 / 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

Full Name (Last, First, Middle Initial) A. Stephanie Patrick		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 1510 N Ivanhoe St		Transaction ID: 70316.C83034	
City State Zip Code Arlington VA 22205-2743	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer American Dietetic Association	Occupation Vice President, Gov. Relations		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

Full Name (Last, First, Middle Initial) B. Cynthia A Wolfram		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2007	
Mailing Address 4507 Apollo St		Transaction ID: 70417.C83093	
City State Zip Code Houston TX 77018-3205	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Information Requested	Occupation DIRECTOR OF DIETARY		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

Full Name (Last, First, Middle Initial) C. Martin M Yadrick		Date of Receipt M M / D D / Y Y Y Y 03 / 02 / 2007	
Mailing Address 3284 Hillock Dr		Transaction ID: 70316.C83033	
City State Zip Code Los Angeles CA 90068-1428	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Computrition	Occupation Major Account Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	6125.00

**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)

PAGE 10 / 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

Full Name (Last, First, Middle Initial) A. Aristotle International		Transaction ID: 70417.E1640 Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
Mailing Address 205 Pennsylvania Ave SE		Amount of Each Disbursement this Period 1586.25
City Washington State DC Zip Code 20003-1164	Purpose of Disbursement GR MANAGER 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) ▼	GR MANAGER

Full Name (Last, First, Middle Initial) B. Membership Marketing Services, Inc.		Transaction ID: 70417.E1638 Date of Disbursement MM / DD / YYYY 03 / 19 / 2007
Mailing Address Attn. Fran Carille 1280 Perimeter Parkway		Amount of Each Disbursement this Period 11442.72
City Virginia Beach State VA Zip Code 23454-5689	Purpose of Disbursement FUNDRAISING EXPENSES FOR THE PAC 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) ▼	FUNDRAISING EXPENSES FOR THE PAC

Full Name (Last, First, Middle Initial) C. U.S. Postal Service		Transaction ID: 70316.E1634 Date of Disbursement MM / DD / YYYY 03 / 08 / 2007
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 156.00
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement MAILING FOR PAC 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) ▼	MAILING FOR PAC

SUBTOTAL of Disbursements This Page (optional) ▶	13184.97
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 11 / 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

<p>Full Name (Last, First, Middle Initial) A. Sir Speedy</p>		<p>Transaction ID: 70417.E1639 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	9		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	9		2	0	0	7														
<p>Mailing Address 115 N Charles St</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>787.20</td> </tr> </table> </p>		787.20																			
787.20																							
<p>City Baltimore State MD Zip Code 21201-3801</p>	<p>Purpose of Disbursement ADAPAC PAPER SUPPLIES</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>ADAPAC PAPER SUPPLIES</p>																						
<p>Full Name (Last, First, Middle Initial) B. Ronald Smith</p>		<p>Transaction ID: 70417.E1637 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>7</td> </tr> </table> </p>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	6		2	0	0	7
M	M	/	D	D	/	Y	Y	Y	Y														
0	3		1	6		2	0	0	7														
<p>Mailing Address 1120 Connecticut Ave NW #480</p>		<p>Amount of Each Disbursement this Period <table border="1"> <tr> <td>353.20</td> </tr> </table> </p>		353.20																			
353.20																							
<p>City Washington State DC Zip Code 20036-3902</p>	<p>Purpose of Disbursement PPW REIMBURSEMENT - RIBBONS</p>	<p>Category/ Type</p>																					
<p>Candidate Name</p>	<p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>																						
<p>State: District:</p>	<p>PPW REIMBURSEMENT - RIBBONS</p>																						

SUBTOTAL of Disbursements This Page (optional) ►

1140.40

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

14325.37

**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. Congresswoman Mary Bono		Transaction ID: 70316.E1625 Date of Disbursement 03 / 02 / 2007
Mailing Address MARY BONO COMMITTEE 520 S Grand Avenue Suite 700		Amount of Each Disbursement this Period 1000.00
City Los Angeles	State CA	
Zip Code 90071-	Purpose of Disbursement SUPPORT FOR REP. MARY BONO	SUPPORT FOR REP. MARY BONO
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. Senator Sherrod Brown		Transaction ID: 70316.E1630 Date of Disbursement 03 / 02 / 2007
Mailing Address Friends of Sherrod Brown P.O. Box 76187		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20013-	Purpose of Disbursement SEN. BROWN {OH-13-D}	SEN. BROWN {OH-13-D}
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Congresswoman Lois Capps		Transaction ID: 70316.E1629 Date of Disbursement 03 / 02 / 2007
Mailing Address FRIENDS OF LOIS CAPPS P.O. Box 23940		Amount of Each Disbursement this Period 1000.00
City Santa Barbara	State CA	
Zip Code 93121-	Purpose of Disbursement LOIS CAPPS {CA-23-D}	LOIS CAPPS {CA-23-D}
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:		

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. DAKPAC		Transaction ID: 70316.E1627 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address DAKPAC 120 Maryland Ave, NW		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20002-		DAKPAC{ND-D}
Purpose of Disbursement DAKPAC{ND-D}		
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. Congresswoman Diana DeGette		Transaction ID: 70316.E1635 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 1 3 / 2 0 0 7
Mailing Address DIANA DEGETTE FOR CONGRESS INC 38 Ivy Street, SE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20003-		SUPPORT FOR REP. DEGETTE
Purpose of Disbursement SUPPORT FOR REP. DEGETTE		
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. Congressman Lloyd Doggett		Transaction ID: 70316.E1631 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 6 / 2 0 0 7
Mailing Address DOGGETT FOR U S CONGRESS COMM. PO Box 5843		Amount of Each Disbursement this Period 1000.00
City Austin	State TX	
Zip Code 78763-		SUPPORT FOR REP. LLOYD DOGGETT
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	4500.00
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)

PAGE 14 / 15

<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. Anna Eshoo for Congress		Transaction ID: 70417.E1642 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
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	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR REP. ANNA ESHOO
State: District:		

Full Name (Last, First, Middle Initial) B. Senator Charles E. Grassley		Transaction ID: 70316.E1626 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 2 / 2 0 0 7
Mailing Address GRASSLEY COMMITTEE PO Box 1000		Amount of Each Disbursement this Period 2000.00
City Des Moines State IA Zip Code 50304-	Purpose of Disbursement SUPPORT FOR SEN. CHUCK GRASSLEY {IA	
Candidate Name		Category/Type
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) ▼	SUPPORT FOR SEN. CHUCK GRASSLEY {IA
State: District:		

Full Name (Last, First, Middle Initial) C. Senator Tom Harkin		Transaction ID: 70417.E1641 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 2 6 / 2 0 0 7
Mailing Address CITIZENS FOR HARKIN 426 C Street, NE		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20002-	Purpose of Disbursement SUPPORT FOR SENATOR TOM HARKIN	
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) ▼	SUPPORT FOR SENATOR TOM HARKIN
State: District:		

SUBTOTAL of Disbursements This Page (optional) ▶	5000.00
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. Kagen4Congress		Transaction ID: 70316.E1633 Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2007
Mailing Address 100 W College Ave Ste 50D 50-D		Amount of Each Disbursement this Period 500.00
City Appleton State WI Zip Code 54911-5749	Category/ Type	
Purpose of Disbursement SUPPORT FOR REP. STEVE KAGEN		
Candidate Name		
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. STEVE KA- GEN

Full Name (Last, First, Middle Initial) B. Committee For A Democratic Majority		Transaction ID: 70316.E1636 Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2007
Mailing Address 301 4th Street N.E. Suite 202		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-	Category/ Type	
Purpose of Disbursement SUPPORT FOR SEN. TED KENNEDY		
Candidate Name		
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 SEN. TED KENN- EDY

Full Name (Last, First, Middle Initial) C. Earl Pomeroy		Transaction ID: 70316.E1632 Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2007
Mailing Address PO Box 75214		Amount of Each Disbursement this Period 2000.00
City Washington State DC Zip Code 20013-0214	Category/ Type	
Purpose of Disbursement SUPPORT FOR REP. EARL POMEROY		
Candidate Name		
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. EARL POM- EROY

SUBTOTAL of Disbursements This Page (optional) ▶	3500.00
TOTAL This Period (last page this line number only) ▶	16000.00