

# 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 480  
 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 04 01 2010 through 04 30 2010

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 Paul A. Mifsud

Signature of Treasurer Electronically Filed by Paul A. Mifsud Date 05 16 2010

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 **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	4

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
0	4

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		57589.89
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	73980.03									
(c) Total Receipts (from Line 19) .....	39460.83	91483.75								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	113440.86	149073.64								
7. Total Disbursements (from Line 31) .....	16691.74	52324.52								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	96749.12	96749.12								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period: From:    To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A) .....	1502.00	6442.00
(ii) Unitemized .....	37958.83	85041.75
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	39460.83	91483.75
(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) .....	39460.83	91483.75
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)) .....	39460.83	91483.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	39460.83	91483.75

## DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	13415.74	29548.52
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13415.74	29548.52
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	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 .....	276.00	276.00
(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)) .....	276.00	276.00
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))..	16691.74	52324.52
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16691.74	52324.52

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 10

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) .....	39460.83	91483.75
34. Total Contribution Refunds (from Line 28(d)) .....	276.00	276.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	39184.83	91207.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13415.74	29548.52
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	13415.74	29548.52

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 10
	<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	

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

<b>A.</b>	Full Name (Last, First, Middle Initial) Karen A. Lechowich		Date of Receipt		
	Mailing Address Apt 604 50 E Bellevue Pl		M M / D D / Y Y Y Y 04 / 12 / 2010		
	City Chicago	State IL	Zip Code 60611-6105	<b>Transaction ID:</b> A585223975FE14CC696E	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00		
	Name of Employer American Dietetic Association		Occupation Rd		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Nonie A. Woolf		Date of Receipt		
	Mailing Address 121 8th Ave SE		M M / D D / Y Y Y Y 04 / 29 / 2010		
	City Browning	State MT	Zip Code 59417	<b>Transaction ID:</b> A156CF8C81C4E4D90BE1	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.00		
	Name of Employer Indian Health Service		Occupation Rd		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 352.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) Martin M. Yadrick		Date of Receipt		
	Mailing Address 3284 Hillock Dr		M M / D D / Y Y Y Y 04 / 30 / 2010		
	City Los Angeles	State CA	Zip Code 90068-1428	<b>Transaction ID:</b> AD475826887B24D0AA66	
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00		
	Name of Employer Comptrition		Occupation Major Account Specialist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1302.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 7 / 10  
(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)  
Patricia A. McKnight

Mailing Address 322 Naiche Ct

City Columbus State OH Zip Code 43213-3507

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

Name of Employer Mt. Carmel College Of Nursing Occupation Adjunct Faculty

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID: A6EB31BF6F1E94DA8B02**  
 Amount of Each Receipt this Period 50.00

**B.** Full Name (Last, First, Middle Initial)  
Tara J. Gidus

Mailing Address 1700 Gay Dr

City Orlando State FL Zip Code 32803-1915

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

Name of Employer Self-employed Occupation Rd

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt 04 / 30 / 2010  
**Transaction ID: AEB8B230BB3F94EF695C**  
 Amount of Each Receipt this Period 150.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 200.00

**TOTAL** This Period (last page this line number only) ..... ► 1502.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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

<p><b>A.</b> Full Name (Last, First, Middle Initial) Membership Marketing Services, Inc.</p> <p>Mailing Address Attn. Fran Carille 1280 Perimeter Parkway</p> <p>City Virginia Beach State VA Zip Code 23454-5689</p> <p>Purpose of Disbursement ADAPAC Fundraising expenses</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B44994D053DEF4F9FA3A</p> <p>Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 13327.74</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postal Service</p> <p>Mailing Address 1050 Connecticut Ave NW</p> <p>City Washington State DC Zip Code 20036-5308</p> <p>Purpose of Disbursement Stamps for ADAPAC mailing</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BA5BE4E9A48E2405990C</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 88.00</p>

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

13415.74

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

13415.74

**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><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Rosa DeLauro</p> <p>Mailing Address Friends of Rosa DeLauro 12 Trumbull Street</p> <p>City New Haven State CT Zip Code 06511</p> <p>Purpose of Disbursement Support for Rep. DeLauro [D-CT]</p> <p>Candidate Name Rep. Rosa L. DeLauro</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CT District: 03</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B20DB3A4E519C46D4836</p> <p>Date of Disbursement 04 / 29 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Congressman Fred Upton</p> <p>Mailing Address UPTON FOR ALL OF US PO Box 490</p> <p>City St Joseph State MI Zip Code 49085</p> <p>Purpose of Disbursement Rep. Fred Upton [R-MI-6]</p> <p>Candidate Name Rep. Fred Upton</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> BCDF34E4D80184BB0B0D</p> <p>Date of Disbursement 04 / 21 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kagen4Congress</p> <p>Mailing Address 100 W College Ave Ste 50D 50-D</p> <p>City Appleton State WI Zip Code 54911-5749</p> <p>Purpose of Disbursement Support for Rep. Kagen [D-WI]</p> <p>Candidate Name Rep. Steven L. Kagen</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: WI District: 08</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> B8CAC6AB8BA1E4F138A8</p> <p>Date of Disbursement 04 / 13 / 2010</p> <p>Amount of Each Disbursement this Period 1000.00</p>

**SUBTOTAL** of Disbursements This Page (optional) .....

3000.00

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

3000.00

**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 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 checked="" 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

<b>A.</b> Full Name (Last, First, Middle Initial) Annette L. Anderson <hr/> Mailing Address PO Box 28 <hr/> City Clifton Forge State VA Zip Code 24422-0028 Purpose of Disbursement Refund of contribution to ADAPAC Candidate Name <hr/> 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) ▼	Transaction ID: BA0926EDF88C944DDB38 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 120.00
<b>B.</b> Full Name (Last, First, Middle Initial) Rebecca S. Pobocik <hr/> Mailing Address 2123 Romona Dr <hr/> City Toledo State OH Zip Code 43614-4228 Purpose of Disbursement Refund of contribution to ADAPAC Candidate Name <hr/> 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) ▼	Transaction ID: B5E6EC63FD9E841DAB9A Date of Disbursement M M / D D / Y Y Y Y 0 4 / 2 1 / 2 0 1 0
	Amount of Each Disbursement this Period 120.00
<b>C.</b> Full Name (Last, First, Middle Initial) Joyce K. Julien <hr/> Mailing Address Suite 113 2627 Ne 203rd St <hr/> City Miami State FL Zip Code 33180-1945 Purpose of Disbursement Refund of contribution Candidate Name <hr/> 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) ▼	Transaction ID: B850E8CA3E8504E25B7E Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 7 / 2 0 1 0
	Amount of Each Disbursement this Period 36.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ►

276.00

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

276.00