

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 05 01 2007 through 05 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 20 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**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

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		51371.81
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	29641.75									
(c) Total Receipts (from Line 19)	31663.05	72913.05								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	61304.80	124284.86								
7. Total Disbursements (from Line 31)	21508.91	84488.97								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	39795.89	39795.89								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	5

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	5451.00	14776.00
(i) Itemized (use Schedule A)	26212.05	58137.05
(ii) Unitemized	31663.05	72913.05
(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)	31663.05	72913.05
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))	31663.05	72913.05
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31663.05	72913.05

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	13008.91	42488.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	13008.91	42488.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	42000.00
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))..	21508.91	84488.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	21508.91	84488.97

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)	31663.05	72913.05
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31663.05	72913.05
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	13008.91	42488.97
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13008.91	42488.97

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 / 20
	<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)
Nancy Rae Banda

Mailing Address 22960 Pavla Ct

City State Zip Code
Wildomar CA 92595-9519

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 245.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70618.C84119

Amount of Each Receipt this Period
20.00

Receipt

B. Full Name (Last, First, Middle Initial)
Donna Smith Becker

Mailing Address 502 W Kingsley Dr

City State Zip Code
Arlington Height IL 60004-1312

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

Name of Employer Information Requested Occupation Information Requested
Donna Becker Consulting INC RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: 70516.C83936

Amount of Each Receipt this Period
500.00

Receipt

C. Full Name (Last, First, Middle Initial)
Priscilla Carleton

Mailing Address Apt 707
11999 Longridge Avenue

City State Zip Code
Baton Rouge LA 70816

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

Name of Employer Information Requested Occupation Information Requested
Ardent Health RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70618.C84145

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	770.00
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 / 20
	<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)
Judith Coffman

Mailing Address Apt. 4C
855 W End Avenue

City State Zip Code
New York NY 10025

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 ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70618.C84165

Amount of Each Receipt this Period
500.00

Receipt

B. Full Name (Last, First, Middle Initial)
Virginia J Dantone-debarbieris

Mailing Address 112 River Oaks Drive

City State Zip Code
La Place LA 70068

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

Name of Employer Occupation
Nutrition Education Resources President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2007

Transaction ID: 70516.C83679

Amount of Each Receipt this Period
875.00

Receipt

C. Full Name (Last, First, Middle Initial)
ADA PAC Donors

Mailing Address 1120 Connecticut Ave NW
Suite 480

City State Zip Code
Washington DC 20036

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
231.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70618.C84133

Amount of Each Receipt this Period
231.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	1606.00
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 / 20
	<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

Full Name (Last, First, Middle Initial) A. Mary P Fuhrman		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 1932 Prospector Ridge Dr		Transaction ID: 70516.C83968
City State Zip Code Ballwin MO 63011-4808	Amount of Each Receipt this Period 100.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer Coram, Inc.	Occupation Chair of Dietetics	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) B. Lisa Gibson		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 11 Quebrada		Transaction ID: 70618.C84146
City State Zip Code Irvine CA 92620-1867	Amount of Each Receipt this Period 200.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer SELF-EMPLOYED	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. Mary H Hager		Date of Receipt M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 1514 17th Street Northwest #514		Transaction ID: 70618.C84164
City State Zip Code Washington DC 20036-3989	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee. C		Receipt
Name of Employer American Dietetic Association	Occupation Sr. Manager, Reg. Issues	
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) ▶	550.00
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 / 20
	<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

Full Name (Last, First, Middle Initial) A. Barbara C Hannah		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address 1308 Montrose Dr		Transaction ID: 70516.C83917	
City State Zip Code Shelby NC 28150-6047	Amount of Each Receipt this Period 250.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation Carolina Health Care RD	Aggregate Year-to-Date ▼ 250.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) B. Laura M Hill		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 0 9 / 2 0 0 7	
Mailing Address Po Box 757		Transaction ID: 70516.C83812	
City State Zip Code Glenview IL 60025-0757	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation UNEMPLOYED REGISTERED DIETITIAN	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) C. Veronika E Ilyes-sechler		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 2 9 / 2 0 0 7	
Mailing Address 2888 Alvord Pl		Transaction ID: 70618.C84390	
City State Zip Code Cleveland OH 44124-4702	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C	Receipt		
Name of Employer Occupation N/A @ PRESENT RD	Aggregate Year-to-Date ▼ 500.00		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			

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 10 / 20
	<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)
Betty A Krauss

Mailing Address 1134 Maplegrove Dr Nw

City State Zip Code
Grand Rapids MI 49504-3838

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

Name of Employer Occupation
Mary Free Bed Rehabilitation H Manger, Nutrition Services

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2007

Transaction ID: 70516.C83700

Amount of Each Receipt this Period
150.00

Receipt

B. Full Name (Last, First, Middle Initial)
Marcia A Kyle

Mailing Address 146 Mystic Ave

City State Zip Code
Rockport ME 04856-5730

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

Name of Employer Occupation
Medical Center RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt
MM / DD / YYYY
05 / 18 / 2007

Transaction ID: 70618.C84157

Amount of Each Receipt this Period
125.00

Receipt

C. Full Name (Last, First, Middle Initial)
Mary Lou South

Mailing Address 120 Fey Dr

City State Zip Code
Burlingame CA 94010-6027

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

Name of Employer Occupation
N/A @ PRESENT REG DIETICIAN

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt
MM / DD / YYYY
05 / 09 / 2007

Transaction ID: 70516.C83847

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	775.00
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:		PAGE 11 / 20	
	(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"/> 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)
Jane V White

Mailing Address Department of Family Medicine
1924 Alcoa Hwy

City State Zip Code
Knoxville TN 37920

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

Name of Employer Occupation
UNIVERSITY OF TENNESSEE Professor

Receipt For: Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y
0 5 / 0 9 / 2 0 0 7

Transaction ID: 70516.C83825

Amount of Each Receipt this Period
500.00

Receipt

SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	5451.00

**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 12 / 20

<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. 4Imprint Full Name (Last, First, Middle Initial) Mailing Address 101 Commerce St City Oshkosh State WI Zip Code 54901-4864 Purpose of Disbursement PROMOTIONAL ITEM FOR CONFERENCE 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) ▼		Transaction ID: 70516.E1665 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 242.87 PROMOTIONAL ITEM FOR CONFERENCE
--	--	--

B. Aristotle International Full Name (Last, First, Middle Initial) Mailing Address 205 Pennsylvania Ave SE City Washington State DC Zip Code 20003-1164 Purpose of Disbursement GR MANAGER 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) ▼		Transaction ID: 70516.E1669 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7 Amount of Each Disbursement this Period 1586.25 GR MANAGER
---	--	--

C. Ane Marie Kis-duryea Full Name (Last, First, Middle Initial) Mailing Address PO Box 146 103 Sibley Ave City Ardmore State PA Zip Code 19003-0146 Purpose of Disbursement REIMBURSEMENT FOR PPW 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) ▼		Transaction ID: 70618.E1673 Date of Disbursement: M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7 Amount of Each Disbursement this Period 620.46 REIMBURSEMENT FOR PPW
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SUBTOTAL of Disbursements This Page (optional) ▶	2449.58
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 13 / 20

<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. Susan H Laramée		Transaction ID: 70516.E1662 Date of Disbursement 05 / 10 / 2007	
Mailing Address 49 South Street		Amount of Each Disbursement this Period 811.99	
City Rockport State MA Zip Code 01966-	Purpose of Disbursement REIMBURSEMENT FOR PPW 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 FOR PPW

Full Name (Last, First, Middle Initial) B. Carolyn J Leontos		Transaction ID: 70516.E1664 Date of Disbursement 05 / 10 / 2007	
Mailing Address 628 Overview Dr		Amount of Each Disbursement this Period 440.69	
City Las Vegas State NV Zip Code 89145-4830	Purpose of Disbursement REIMBURSEMENT FOR PPW 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 FOR PPW

Full Name (Last, First, Middle Initial) C. Constance Locher-bussard		Transaction ID: 70618.E1676 Date of Disbursement 05 / 18 / 2007	
Mailing Address 28 Pinehurst Dr		Amount of Each Disbursement this Period 293.92	
City Springfield State IL Zip Code 62704-3121	Purpose of Disbursement REIMBURSEMENT FOR PPW 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 FOR PPW

SUBTOTAL of Disbursements This Page (optional) ▶	1546.60
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)

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<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. Dianne Lollar		Transaction ID: 70516.E1663 Date of Disbursement MM / DD / YYYY 05 / 10 / 2007	
Mailing Address 676 Lollar Hill Rd		Amount of Each Disbursement this Period 644.49	
City Oakman	State AL	Zip Code 35579-3820	REIMBURSEMENT FOR PPW
Purpose of Disbursement REIMBURSEMENT FOR PPW		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. Membership Marketing Services, Inc.		Transaction ID: 70516.E1668 Date of Disbursement MM / DD / YYYY 05 / 11 / 2007	
Mailing Address Attn. Fran Carille 1280 Perimeter Parkway		Amount of Each Disbursement this Period 6086.81	
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) C. Patricia A Mcknight		Transaction ID: 70618.E1674 Date of Disbursement MM / DD / YYYY 05 / 18 / 2007	
Mailing Address 322 Naiche Ct		Amount of Each Disbursement this Period 494.63	
City Columbus	State OH	Zip Code 43213-3507	REIMBURSEMENT FOR PPW
Purpose of Disbursement REIMBURSEMENT FOR PPW		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) ▶	7225.93
TOTAL This Period (last page this line number only) ▶	[]

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

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

FOR LINE NUMBER:
(check only one)

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<input 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. U.S. Postal Service		Transaction ID: 70516.E1658 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 0 7 / 2 0 0 7
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 195.00
City Washington State DC Zip Code 20036-5308	STAMPS FOR PAC MAILINGS	
Purpose of Disbursement STAMPS FOR 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) B. Ronald Smith		Transaction ID: 70618.E1677 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address 1120 Connecticut Ave NW #480		Amount of Each Disbursement this Period 895.22
City Washington State DC Zip Code 20036-3902	REIMBURSEMENT FOR TRAVEL	
Purpose of Disbursement REIMBURSEMENT FOR TRAVEL		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. G. G. Tauber		Transaction ID: 70516.E1666 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 1 / 2 0 0 7
Mailing Address P.O. Box 2306 4940 Wyaconda Road		Amount of Each Disbursement this Period 212.73
City Rockville State MD Zip Code 20852-	PPW PROMOTINAL ITEM	
Purpose of Disbursement PPW PROMOTINAL ITEM		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) ▶	1302.95
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)

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<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. G. G. Tauber

Transaction ID: 70516.E1667

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	1		2	0	0	7

Mailing Address P.O. Box 2306
4940 Wyaconda Road

City State Zip Code
Rockville MD 20852-

Amount of Each Disbursement this Period

483.85

Purpose of Disbursement
PROMOTIONAL ITEM

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

PROMOTIONAL ITEM

State: District:

SUBTOTAL of Disbursements This Page (optional) ►

483.85

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

13008.91

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

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

FOR LINE NUMBER:
(check only one)

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

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

Full Name (Last, First, Middle Initial) A. Congresswoman Lois Capps		Transaction ID: 70618.E1679 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
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-		Category/ Type
Purpose of Disbursement SUPPORT FOR REP. LOIS CAPPS		
Candidate Name		SUPPORT FOR REP. LOIS CAP- PS
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. Friends of Dick Durbin		Transaction ID: 70618.E1671 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address 200 East Jefferson Street		Amount of Each Disbursement this Period 1000.00
City Falls Church	State VA	
Zip Code 22046-		Category/ Type
Purpose of Disbursement SUPPORT FOR SEN. DICK DURBIN		
Candidate Name		SUPPORT FOR SEN. DICK DUR- BIN
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 Rahm Emanuel		Transaction ID: 70618.E1678 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 2 9 / 2 0 0 7
Mailing Address FRIENDS OF RAHM EMANUEL 1059 West Belmont		Amount of Each Disbursement this Period 1000.00
City Chicago	State IL	
Zip Code 60657-		Category/ Type
Purpose of Disbursement SUPPORT FOR REP. RAHM EMANUEL		
Candidate Name		SUPPORT FOR REP. RAHM EMA- NUEL
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)

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

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

Full Name (Last, First, Middle Initial) A. Sam Graves		Transaction ID: 70618.E1680 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 7
Mailing Address 2345 Grand Blvd Ste 250 Suite 250		Amount of Each Disbursement this Period 1000.00
City Kansas City State MO Zip Code 64108-2625	Purpose of Disbursement SUPPORT FOR REP. SAM GRAVES	
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. SAM GRAVES

Full Name (Last, First, Middle Initial) B. LincPAC		Transaction ID: 70618.E1672 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 8 / 2 0 0 7
Mailing Address LincPAC 818 Connecticut Ave, NW		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20006-	Purpose of Disbursement SUPPORT FOR SEN. BLANCHE LINCOLN	
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	SUPPORT FOR SEN. BLANCHE LINCOLN

Full Name (Last, First, Middle Initial) C. Salazar for Senate		Transaction ID: 70516.E1659 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 1 0 / 2 0 0 7
Mailing Address 422 C St NE		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20002-5818	Purpose of Disbursement SUPPORT FOR SEN. KEN SALAZAR	
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 SEN. KEN SALAZAR

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)

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

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Rep. Allyson Schwartz

Mailing Address P.O. Box 2282

City State Zip Code
Jenkintown PA 19046-

Purpose of Disbursement
SUPPRT FOR REP. ALLYSON SCHWARTZ

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2008
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 70516.E1660

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUPPRT FOR REP. ALLYSON
SCHWARTZ

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Image# 27990948859

Form/Schedule: **F3XA** For contributions from ADA PAC donors these were various members who contributed small cash donations towards a raffle. Each donation on average was \$2.00. There is no employer or occupation for this group.
Transaction ID: **C00143560**
