

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 07 01 2008 through 07 31 2008

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 08 20 2008

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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

	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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		25677.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	66943.94									
(c) Total Receipts (from Line 19)	17706.50	175480.66								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	84650.44	201158.20								
7. Total Disbursements (from Line 31)	23740.77	140248.53								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	60909.67	60909.67								
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	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	8

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	1490.00	25553.00
(i) Itemized (use Schedule A)	16216.50	149927.66
(ii) Unitemized	17706.50	175480.66
(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)	17706.50	175480.66
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))	17706.50	175480.66
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17706.50	175480.66

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.....	15225.77	69333.53
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	15225.77	69333.53
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	70875.00
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	15.00	40.00
(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))	15.00	40.00
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))..	23740.77	140248.53
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	23740.77	140248.53

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	17706.50	175480.66
34. Total Contribution Refunds (from Line 28(d))	15.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17691.50	175440.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	15225.77	69333.53
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15225.77	69333.53

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

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

FOR LINE NUMBER: PAGE 6 / 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

A. Full Name (Last, First, Middle Initial)
Nancy V Backeberg
Mailing Address PO Box 96
City Pecatonica State IL Zip Code 61063-0096
FEC ID number of contributing federal political committee. **C**
Name of Employer Rockford Memorial Hospital Occupation Clinical RD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 252.00
Date of Receipt 07 / 08 / 2008
Transaction ID: 80715.C92110
Amount of Each Receipt this Period 200.00
Receipt

B. Full Name (Last, First, Middle Initial)
Verna M Bergmann
Mailing Address 1181 Teare Rd
City Moscow State ID Zip Code 83843-7448
FEC ID number of contributing federal political committee. **C**
Name of Employer Student Health Services Occupation RD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00
Date of Receipt 07 / 15 / 2008
Transaction ID: 80715.C92283
Amount of Each Receipt this Period 100.00
Receipt

C. Full Name (Last, First, Middle Initial)
Jeanne Blankenship
Mailing Address 6231 Jack Frost Ct
City Rocklin State CA Zip Code 95765-4234
FEC ID number of contributing federal political committee. **C**
Name of Employer N/A @ PRESENT Occupation RD
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00
Date of Receipt 07 / 08 / 2008
Transaction ID: 80715.C92160
Amount of Each Receipt this Period 40.00
Receipt

SUBTOTAL of Receipts This Page (optional) ▶ 340.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 14
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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

A.

Full Name (Last, First, Middle Initial)
Mary P Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City State Zip Code
Ballwin MO 63011-4808

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

Name of Employer Coram, Inc. Occupation Chair of Dietetics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: 80715.C92210

Amount of Each Receipt this Period
50.00

Receipt

B.

Full Name (Last, First, Middle Initial)
Mary P Fuhrman

Mailing Address 1932 Prospector Ridge Dr

City State Zip Code
Ballwin MO 63011-4808

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

Name of Employer Coram, Inc. Occupation Chair of Dietetics

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 31 / 2008

Transaction ID: 80819.C92529

Amount of Each Receipt this Period
50.00

Receipt

C.

Full Name (Last, First, Middle Initial)
Elizabeth Gibson Dunn

Mailing Address 303B Hunter St

City State Zip Code
Apex NC 27502-1317

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

Name of Employer N/A @ PRESENT Occupation RD

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt
MM / DD / YYYY
07 / 09 / 2008

Transaction ID: 80715.C92217

Amount of Each Receipt this Period
250.00

Receipt

SUBTOTAL of Receipts This Page (optional) ▶ **350.00**

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

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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

A.	Full Name (Last, First, Middle Initial) Carol J Gilmore	Date of Receipt MM / DD / YYYY 07 / 29 / 2008
	Mailing Address 3424 Doral Ct	Transaction ID: 80819.C92474
	City State Zip Code Lawrence KS 66047-2131	Amount of Each Receipt this Period 200.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer LAWRENCE MEMORIAL HOSPITAL	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200.00	

B.	Full Name (Last, First, Middle Initial) Nona M Morgan	Date of Receipt MM / DD / YYYY 07 / 10 / 2008
	Mailing Address 110 Bay Hills Dr	Transaction ID: 80715.C92249
	City State Zip Code Benton LA 71006-9452	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer Christus Health Company	Occupation RD	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

C.	Full Name (Last, First, Middle Initial) Jessie M Pavlinac	Date of Receipt MM / DD / YYYY 07 / 09 / 2008
	Mailing Address 13147 Century Dr	Transaction ID: 80715.C92189
	City State Zip Code Oregon City OR 97045-6700	Amount of Each Receipt this Period 50.00
	FEC ID number of contributing federal political committee. C	Receipt
Name of Employer N/A @ PRESENT	Occupation Clinical Nutrition Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	750.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 9 / 14
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Jessie M Pavlinac

Mailing Address 13147 Century Dr

City State Zip Code
Oregon City OR 97045-6700

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

Name of Employer Occupation
N/A @ PRESENT Clinical Nutrition Manager

Receipt For: Aggregate Year-to-Date ▼
 Primary General
 Other (specify) ▼ 800.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 31 / 2008

Transaction ID: 80819.C92518

Amount of Each Receipt this Period
50.00

Receipt

SUBTOTAL of Receipts This Page (optional)	50.00
TOTAL This Period (last page this line number only)	1490.00

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 / 14

<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>A. Full Name (Last, First, Middle Initial) Aristotle International</p> <p>Mailing Address 205 Pennsylvania Ave SE</p> <p>City Washington State DC Zip Code 20003-1164</p> <p>Purpose of Disbursement PAC Manager Software</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>Transaction ID: 80715.E1901 Date of Disbursement 07 / 11 / 2008</p> <p>Amount of Each Disbursement this Period 2700.00</p> <p>PAC MANAGER SOFTWARE</p>
<p>B. Full Name (Last, First, Middle Initial) Printing & Copying Huff</p> <p>Mailing Address 1100 17th St NW</p> <p>City Washington State DC Zip Code 20036-4609</p> <p>Purpose of Disbursement ADAPAC Stationery</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>Transaction ID: 80819.E1924 Date of Disbursement 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 382.28</p> <p>ADAPAC STATIONERY</p>
<p>C. 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 PAC 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>Transaction ID: 80715.E1900 Date of Disbursement 07 / 10 / 2008</p> <p>Amount of Each Disbursement this Period 12060.59</p> <p>PAC FUNDRAISING EXPENSES</p>

SUBTOTAL of Disbursements This Page (optional) ▶

15142.87

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 / 14

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

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NAME OF COMMITTEE (In Full)

American Dietetic Association Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Jennifer Teters

Mailing Address 1120 Connecticut Ave NW

City Washington State DC Zip Code 20036-3905

Purpose of Disbursement
Reimbursement for FNCE materials

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Transaction ID: 80819.E1911

Date of Disbursement

07 / 25 / 2008

Amount of Each Disbursement this Period

82.90

REIMBURSEMENT FOR FNCE MA-
TERIALS

SUBTOTAL of Disbursements This Page (optional)

82.90

TOTAL This Period (last page this line number only)

15225.77

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

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

FOR LINE NUMBER: (check only one)

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

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

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Richard Burr</p> <p>Mailing Address PO Box 5928</p> <p>City Winston Salem State NC Zip Code 27113-5928</p> <p>Purpose of Disbursement SEN. RICHARD BURR (R-NC)</p> <p>Candidate Name RICHARD M BURR</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District: 00</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80819.E1910 Date of Disbursement: 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>SEN. RICHARD BURR (R-NC)</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Congresswoman Lois Capps</p> <p>Mailing Address FRIENDS OF LOIS CAPPS P.O. Box 23940</p> <p>City Santa Barbara State CA Zip Code 93121-</p> <p>Purpose of Disbursement REP. LOIS CAPPS (D-CA-27)</p> <p>Candidate Name LOIS G CAPPS</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 23</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80819.E1906 Date of Disbursement: 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>REP. LOIS CAPPS (D-CA-27)</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Senator Benjamin L. Cardin</p> <p>Mailing Address BEN CARDIN FOR Senate P.O. Box 21093</p> <p>City Catonsville State MD Zip Code 21228-</p> <p>Purpose of Disbursement SEN. BEN CARDIN (D-MD)</p> <p>Candidate Name BENJAMIN L CARDIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: MD District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: 80819.E1907 Date of Disbursement: 07 / 25 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>SEN. BEN CARDIN (D-MD)</p>

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

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

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

FOR LINE NUMBER: (check only one)

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

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

A.	Full Name (Last, First, Middle Initial) Congresswoman Diana DeGette	Transaction ID: 80819.E1903 Date of Disbursement 07 / 21 / 2008
	Mailing Address DIANA DEGETTE FOR CONGRESS INC P.O. Box 61337	Amount of Each Disbursement this Period 1000.00
	City: Denver State: CO Zip Code: 80206-8337	
	Purpose of Disbursement REP. DIANA DEGETTE (D-CO-1)	Category/Type
	Candidate Name DIANA L DEGETTE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CO District: 01	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REP. DIANA DEGETTE (D-CO-1)

B.	Full Name (Last, First, Middle Initial) Prairie Political Action	Transaction ID: 80819.E1905 Date of Disbursement 07 / 21 / 2008
	Mailing Address PRAIRIE POLITICAL ACTION COMMITTEE 426 C St. NE	Amount of Each Disbursement this Period 1000.00
	City: Washington State: DC Zip Code: 20002-	
	Purpose of Disbursement SEN. DICK DURBIN (D-IL)	Category/Type
	Candidate Name	
	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) ▼
		SEN. DICK DURBIN (D-IL)

C.	Full Name (Last, First, Middle Initial) Rep. Allyson Schwartz	Transaction ID: 80819.E1909 Date of Disbursement 07 / 25 / 2008
	Mailing Address P.O. Box 2282	Amount of Each Disbursement this Period 1000.00
	City: Jenkintown State: PA Zip Code: 19046-	
	Purpose of Disbursement REP. ALLYSON SCHWARTZ (D-PA-13)	Category/Type
	Candidate Name ALLYSON Y SCHWARTZ	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		REP. ALLYSON SCHWARTZ (D-PA-13)

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)

PAGE 14 / 14

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

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

A.	Full Name (Last, First, Middle Initial) Udall for Colorado		Transaction ID: 80819.E1908	
	Mailing Address P.O. Box 40158		Date of Disbursement 07 / 25 / 2008	
City Denver		State CO	Zip Code 80204-	
Purpose of Disbursement REP. MARK UDALL (D-CO-2)			Amount of Each Disbursement this Period 2500.00	
Candidate Name MARK E UDALL			Category/ Type	
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: CO District: 00		REP. MARK UDALL (D-CO-2)		

SUBTOTAL of Disbursements This Page (optional) ►

2500.00

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

8500.00