

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>X</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	X	Y	Y	Y	2	0	1	1		142181.94
X	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	202379.94									
(c) Total Receipts (from Line 19)	10913.50	102307.18								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	213293.44	244489.12								
7. Total Disbursements (from Line 31)	8375.20	39570.88								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	204918.24	204918.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

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

For further information contact:

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

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

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name

American Dietetic Association Political Action Committee

Report Covering the Period: From:

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

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)	985.00	12609.00
(ii) Unitemized	9928.50	89698.18
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10913.50	102307.18
(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)	10913.50	102307.18
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))	10913.50	102307.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10913.50	102307.18

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.....	5375.20	16070.88
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	5375.20	16070.88
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees..... and Other Political Committees.....	3000.00	23500.00
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))..	8375.20	39570.88
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8375.20	39570.88

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)	10913.50	102307.18
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10913.50	102307.18
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	5375.20	16070.88
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5375.20	16070.88

**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 / 11
	<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) Jeanne Blankenship		Date of Receipt MM / DD / YYYY 06 / 22 / 2011
Mailing Address Apt 1418 2251 Pimmit Dr		Transaction ID: A7A04A58911AC4467A7D
City Falls Church	State VA	
Zip Code 22043-2829		Amount of Each Receipt this Period 100.00
FEC ID number of contributing federal political committee. C		
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 ▼ 620.00	

B.

Full Name (Last, First, Middle Initial) Paul A. Mifsud		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address Ste 2000 120 S Riverside Plz		Transaction ID: ADD7709E2C84E4FF0BB1
City Chicago	State IL	
Zip Code 60606-6995		Amount of Each Receipt this Period 50.00
FEC ID number of contributing federal political committee. C		
Name of Employer American Dietetic Association	Occupation Vice President of Finance and Adminis	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

C.

Full Name (Last, First, Middle Initial) M Patricia P. Fuhrman		Date of Receipt MM / DD / YYYY 06 / 30 / 2011
Mailing Address 1932 Prospector Ridge Dr		Transaction ID: A4F5D1C492C504D54847
City Ballwin	State MO	
Zip Code 63011-4808		Amount of Each Receipt this Period 60.00
FEC ID number of contributing federal political committee. C		
Name of Employer Coram, Inc.	Occupation Rd	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	

SUBTOTAL of Receipts This Page (optional)	▶	210.00
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 7 / 11
	<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) Jessie M. Pavlinac		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 13147 Century Dr		Transaction ID: ADC16E87642ED46B3BBF		
	City Oregon City	State OR	Zip Code 97045-6700	Amount of Each Receipt this Period 45.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Oregon Health & Science Univ	Occupation Clinical Nutrition Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 305.00			

B.	Full Name (Last, First, Middle Initial) Susan H. Laramee		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 49 South Street		Transaction ID: A8D4837D9878C46F29E2		
	City Rockport	State MA	Zip Code 01966-1843	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Sodexo	Occupation General Manager			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

C.	Full Name (Last, First, Middle Initial) Mary Pat Raimondi		Date of Receipt MM / DD / YYYY 06 / 30 / 2011		
	Mailing Address 2251 Pimmit Drive Apt 509		Transaction ID: AD4748658999446E8A36		
	City Falls Church	State VA	Zip Code 22043-2814	Amount of Each Receipt this Period 30.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self Employed	Occupation Partner			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional)	▶	325.00
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 8 / 11
(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)
Charity C. Simpkins
Mailing Address 6175 Moores Junction Rd
City Sterling State MI Zip Code 48659-9512
FEC ID number of contributing federal political committee. **C**
Name of Employer West Branch Regional Med Cntr Occupation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 06 / 30 / 2011
Transaction ID: AE66F9A35C8FE4F50B71
Amount of Each Receipt this Period 100.00

B. Full Name (Last, First, Middle Initial)
Katherine E. Tallmadge
Mailing Address 2719 Poplar St NW
City Washington State DC Zip Code 20007-3150
FEC ID number of contributing federal political committee. **C**
Name of Employer Private Practice Occupation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00
Date of Receipt 06 / 30 / 2011
Transaction ID: A2EC49DEC39414C8E8E5
Amount of Each Receipt this Period 100.00

C. Full Name (Last, First, Middle Initial)
Frances A. Gallagher
Mailing Address 14606 Gateside Dr
City Fort Wayne State IN Zip Code 46814-7576
FEC ID number of contributing federal political committee. **C**
Name of Employer Private Practice Occupation
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00
Date of Receipt 06 / 30 / 2011
Transaction ID: AC2087E38B6774C6D88C
Amount of Each Receipt this Period 250.00

SUBTOTAL of Receipts This Page (optional) ▶ 450.00
TOTAL This Period (last page this line number only) ▶ 985.00

**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 9 / 11

<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) American Dietetic Association <hr/> Mailing Address 120 South Riverside Plaza, Ste 200 <hr/> City Chicago State IL Zip Code 60606 <hr/> Purpose of Disbursement ADAPAC Reception reimbursement 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: B1CF25C8436EF42BE914 Date of Disbursement M M / D D / Y Y Y Y 06 / 22 / 2011
	Amount of Each Disbursement this Period 2375.20
B. Full Name (Last, First, Middle Initial) American Dietetic Association <hr/> Mailing Address 120 South Riverside Plaza, Ste 200 <hr/> City Chicago State IL Zip Code 60606 <hr/> Purpose of Disbursement ADAPAC Lobbying Services Reimbursement 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: B9CAB2BF2290947029E6 Date of Disbursement M M / D D / Y Y Y Y 06 / 24 / 2011
	Amount of Each Disbursement this Period 3000.00

SUBTOTAL of Disbursements This Page (optional) ▶

5375.20

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

5375.20

**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 / 11

<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. Full Name (Last, First, Middle Initial) Senator Sherrod Brown</p> <p>Mailing Address Friends of Sherrod Brown P.O. Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Sen. Sherrod Brown [D-OH]</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B638BA9717F85436FA20</p> <p>Date of Disbursement 06 / 01 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p>
<p>B. Full Name (Last, First, Middle Initial) Senator Sherrod Brown</p> <p>Mailing Address Friends of Sherrod Brown P.O. Box 76187</p> <p>City Washington State DC Zip Code 20013</p> <p>Purpose of Disbursement Exceed Limit</p> <p>Candidate Name Sen. Sherrod Brown</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: B28A24F1375554A1390F</p> <p>Date of Disbursement 06 / 30 / 2011</p> <p>Amount of Each Disbursement this Period -500.00</p>
<p>C. Full Name (Last, First, Middle Initial) Braley for Congress</p> <p>Mailing Address PO Box 390</p> <p>City Waterloo State IA Zip Code 50704</p> <p>Purpose of Disbursement Rep. Bruce Braley [D-IA-1st]</p> <p>Candidate Name Rep. Bruce L. Braley</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 01</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: BB3C5499070FB4D13AE1</p> <p>Date of Disbursement 06 / 29 / 2011</p> <p>Amount of Each Disbursement this Period 1500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1500.00

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 11 / 11

<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)

Kirk for Senate

Transaction ID: B15B6DC94B2064D11A5F

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	1

Mailing Address Kirk for Senate
PO Box 8

City Winnetka State IL Zip Code 60093

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement
Support for Sen. Kirk [R-IL]

--

Category/
Type

Candidate Name
Mark Steven Kirk

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: IL District:

SUBTOTAL of Disbursements This Page (optional) ►

1500.00

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

3000.00
