

# 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 06 01 2006 through 06 30 2006

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 07 11 2006

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Dietetic Association Political Action Committee

Report Covering the Period: From: 

M	M
0	6

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		71088.21
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period .....	51328.19									
(c) Total Receipts (from Line 19) .....	19486.20	100614.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	70814.39	171703.20								
7. Total Disbursements (from Line 31) .....	31226.03	132114.84								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	39588.36	39588.36								
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

**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	0	6

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	1800.00	12225.00
(i) Itemized (use Schedule A) .....	17686.20	88389.99
(ii) Unitemized .....	19486.20	100614.99
(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) .....	19486.20	100614.99
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)) .....	19486.20	100614.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	19486.20	100614.99

**DETAILED SUMMARY PAGE**

of Disbursements

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Page 4

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	10976.03	69219.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	10976.03	69219.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20250.00	62875.00
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	20.00
(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	20.00
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))..	31226.03	132114.84
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	31226.03	132114.84

**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) .....	19486.20	100614.99
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19486.20	100594.99
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	10976.03	69219.84
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	10976.03	69219.84

# 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 / 16
	<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

Full Name (Last, First, Middle Initial) <b>A.</b> Neva H Cochran		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 11840 Brookhill Ln		<b>Transaction ID:</b> 60710.C79419
City State Zip Code Dallas TX 75230-2363	Amount of Each Receipt this Period 50.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 50.00	

Full Name (Last, First, Middle Initial) <b>B.</b> Neva H Cochran		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 11840 Brookhill Ln		<b>Transaction ID:</b> 60710.C79677
City State Zip Code Dallas TX 75230-2363	Amount of Each Receipt this Period 150.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Information Requested Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Information Requested Aggregate Year-to-Date ▼ 200.00	

Full Name (Last, First, Middle Initial) <b>C.</b> Sonja L Connor		Date of Receipt M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address 2600 Sw Sherwood Pl		<b>Transaction ID:</b> 60710.C79541
City State Zip Code Portland OR 97201	Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. C	Receipt	
Name of Employer Oregon Health & Science Univ Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Occupation Research Associate Professor Aggregate Year-to-Date ▼ 1125.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1200.00
<b>TOTAL</b> 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 / 16
	<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)  
Mary E Holverson

Mailing Address 346 Clancy St

City Helena State MT Zip Code 59601

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

Name of Employer Information Requested Occupation Nutrition and Site Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt  
MM / DD / YYYY  
06 / 22 / 2006

Transaction ID: 60710.C79431

Amount of Each Receipt this Period  
100.00

Receipt

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

Mailing Address PO Box 146  
103 Sibley Ave

City Ardmore State PA Zip Code 19003-0146

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

Name of Employer SELF-EMPLOYED Occupation Executive Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt  
MM / DD / YYYY  
06 / 20 / 2006

Transaction ID: 60710.C79354

Amount of Each Receipt this Period  
50.00

Receipt

**C.** Full Name (Last, First, Middle Initial)  
Amy Richards

Mailing Address 319 Anton Street

City Pierre State SD Zip Code 57501-2201

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 ▼ 250.00

Date of Receipt  
MM / DD / YYYY  
06 / 23 / 2006

Transaction ID: 60710.C79636

Amount of Each Receipt this Period  
250.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	400.00
<b>TOTAL</b> 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 8 / 16	
	(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)  
Ruth W St John

Mailing Address 2220 Franciscan Dr

City State Zip Code  
West Lafayette IN 47906-4566

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 ▼  
200.00

Date of Receipt  
M M / D D / Y Y Y Y  
06 / 27 / 2006

Transaction ID: 60710.C79675

Amount of Each Receipt this Period  
200.00

Receipt

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1800.00

# 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 / 16

<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) <b>A. Aristotle International,</b>		<b>Transaction ID:</b> 60608.E1513 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 205 Pennsylvania Ave. SE		Amount of Each Disbursement this Period 1586.25
City Washington State DC Zip Code 20003-	Purpose of Disbursement SOFTWARE EXPENDITURE 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) ▼	SOFTWARE EXPENDITURE GR MANAGER

Full Name (Last, First, Middle Initial) <b>B. Membership Marketing Services, Inc.</b>		<b>Transaction ID:</b> 60710.E1540 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address Attn. Fran Carille 1280 Perimeter Parkway		Amount of Each Disbursement this Period 6388.91
City Virginia Beach State VA Zip Code 23454-5689	Purpose of Disbursement CONTRACTED TELEMARKETING SVCS PAC 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) ▼	CONTRACTED TELEMARKETING SVCS PAC

Full Name (Last, First, Middle Initial) <b>C. U.S. Postal Service</b>		<b>Transaction ID:</b> 60710.E1523 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 3 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 315.00
City Washington State DC Zip Code 20036-5308	Purpose of Disbursement STAMPS FOR PAC MAILINGS 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) ▼	STAMPS FOR PAC MAILINGS

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>8290.16</b>
<b>TOTAL</b> 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 10 / 16

<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) <b>A. U.S. Postal Service</b>		<b>Transaction ID:</b> 60710.E1524 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 6 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 195.00
City Washington State DC Zip Code 20036-5308	Category/ Type  STAMPS FOR PAC MAILINGS	
Purpose of Disbursement STAMPS FOR PAC MAILINGS		
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>B. U.S. Postal Service</b>		<b>Transaction ID:</b> 60710.E1532 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 0 / 2 0 0 6
Mailing Address 1050 Connecticut Ave NW		Amount of Each Disbursement this Period 117.00
City Washington State DC Zip Code 20036-5308	Category/ Type  STAMPS FOR PAC MAILINGS	
Purpose of Disbursement STAMPS FOR PAC MAILINGS		
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>C. Mr Ronald Smith</b>		<b>Transaction ID:</b> 60608.E1514 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 1 / 2 0 0 6
Mailing Address 1120 Connecticut Ave #480		Amount of Each Disbursement this Period 10.00
City Washington State DC Zip Code 20036-3989	Category/ Type  TRAVEL EXPENSES	
Purpose of Disbursement TRAVEL EXPENSES		
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	322.00
<b>TOTAL</b> 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 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) <b>A. Mr Ronald Smith</b>		<b>Transaction ID:</b> 60608.E1515 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1120 Connecticut Ave #480		Amount of Each Disbursement this Period 1049.99
City Washington State DC Zip Code 20036-3989	Purpose of Disbursement TRAVEL EXPENSES 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) ▼	TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) <b>B. Mr Ronald Smith</b>		<b>Transaction ID:</b> 60710.E1539 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 9 / 2 0 0 6
Mailing Address 1120 Connecticut Ave #480		Amount of Each Disbursement this Period 1133.94
City Washington State DC Zip Code 20036-3989	Purpose of Disbursement TRAVEL EXPENSES 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) ▼	TRAVEL EXPENSES

Full Name (Last, First, Middle Initial) <b>C. Susan E Yake</b>		<b>Transaction ID:</b> 60710.E1531 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 6669 Cortez PI Nw		Amount of Each Disbursement this Period 179.94
City Bremerton State WA Zip Code 98311-8945	Purpose of Disbursement BOARD MEMBER TRAVEL EXPENSES 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) ▼	BOARD MEMBER TRAVEL EXPENSES

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	<b>2363.87</b>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	<b>10976.03</b>

# 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 / 16

<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

<b>A. Bilirakis for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 606 City Tarpon Springs State FL Zip Code 34688-0606 Purpose of Disbursement GUS BILIRAKIS CANDIDATE (R-FL-9) Candidate Name		Transaction ID: 60710.E1533 Date of Disbursement 06 / 22 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type GUS BILIRAKIS CANDIDATE (R-FL-9)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>B. Darcy Burner for Congress</b> Full Name (Last, First, Middle Initial) Mailing Address PO Box 1090 City Carnation State WA Zip Code 98014-1090 Purpose of Disbursement DARCY BURNER CANDIDATE (WA-8-D) Candidate Name		Transaction ID: 60710.E1541 Date of Disbursement 06 / 30 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type DARCY BURNER CANDIDATE (W-A-8-D)
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>C. Senator Norm Coleman</b> Full Name (Last, First, Middle Initial) Mailing Address Coleman for U.S. Senate 625 N. Washington St. City Alexandria State VA Zip Code 22314- Purpose of Disbursement NORM COLEMAN (MN-R) Candidate Name		Transaction ID: 60608.E1518 Date of Disbursement 06 / 06 / 2006 Amount of Each Disbursement this Period 1000.00 Category/Type NORM COLEMAN (MN-R)
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) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

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

FOR LINE NUMBER:  
(check only one)

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

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

Full Name (Last, First, Middle Initial) <b>A. Democratic Congressional</b>		Transaction ID: 60711.E1544 Date of Disbursement 06 / 27 / 2006
Mailing Address DEMOCRATIC CONGRESSIONAL CAMPAIGN 430 South Capitol St.		Amount of Each Disbursement this Period 2500.00
City Washington State DC Zip Code 20003-	Purpose of Disbursement DCCC 2006 SUMMER RECEPTION Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	DCCC 2006 SUMMER RECEPTION

Full Name (Last, First, Middle Initial) <b>B. Congresswoman Anna G. Eshoo</b>		Transaction ID: 60710.E1538 Date of Disbursement 06 / 27 / 2006
Mailing Address ANNA ESHOO FOR CONGRESS 555 Capitol Mall Suite 1425		Amount of Each Disbursement this Period 1000.00
City Sacramento State CA Zip Code 95814-	Purpose of Disbursement ANNA G. ESHOO (CA-14-D) Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	ANNA G. ESHOO (CA-14-D)

Full Name (Last, First, Middle Initial) <b>C. Next Century Fund</b>		Transaction ID: 60710.E1521 Date of Disbursement 06 / 09 / 2006
Mailing Address 116 S Royal St		Amount of Each Disbursement this Period 3000.00
City Alexandria State VA Zip Code 22314-3328	Purpose of Disbursement CONTRIBUTION TO FEDERAL PAC Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	CONTRIBUTION TO FEDERAL PAC

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	6500.00
<b>TOTAL</b> 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) <b>A. Congressman Samuel B. Graves Jr.</b>		<b>Transaction ID:</b> 60711.E1545 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 0 6 / 2 0 0 6
Mailing Address 1513 Longworth House Office Buildi		Amount of Each Disbursement this Period 1000.00
City Washington State DC Zip Code 20515-	Category/ Type  SAM GRAVES (MO-6-R)	
Purpose of Disbursement SAM GRAVES (MO-6-R)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Congressman Gil Gutknecht</b>		<b>Transaction ID:</b> 60710.E1534 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address Gutknecht for U S Congress Committ PO Box 6428		Amount of Each Disbursement this Period 1000.00
City Rochester State MN Zip Code 55903-	Category/ Type  GIL GUTKNECHT (MN-1-R)	
Purpose of Disbursement GIL GUTKNECHT (MN-1-R)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. Senator Tom Harkin</b>		<b>Transaction ID:</b> 60710.E1525 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address CITIZENS FOR HARKIN P O Box 811		Amount of Each Disbursement this Period 1000.00
City Des Moines State IA Zip Code 50304-	Category/ Type  TOM HARKIN U.S. SENATE (D-IA)	
Purpose of Disbursement TOM HARKIN U.S. SENATE (D-IA)		
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	3000.00
<b>TOTAL</b> 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) <b>A. National Republican Congr</b>		Transaction ID: 60710.E1522 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 9 / 2 0 0 6
Mailing Address NATIONAL REPUBLICAN CONGRESSIONAL 320 First St., SE		Amount of Each Disbursement this Period 2500.00
City Washington	State DC	
Zip Code 20003-	Purpose of Disbursement 2006 PRESIDENTS DINNER	2006 PRESIDENTS DINNER
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Ostrow for Congress</b>		Transaction ID: 60710.E1537 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 7 / 2 0 0 6
Mailing Address 513 Central Ave. NE		Amount of Each Disbursement this Period 500.00
City Minneapolis	State MN	
Zip Code 55414-	Purpose of Disbursement PAUL OSTROW CANDIDATE (MN-5-D)	PAUL OSTROW CANDIDATE (M-N-5-D)
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Senator Olympia J. Snowe</b>		Transaction ID: 60710.E1535 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 2 2 / 2 0 0 6
Mailing Address SNOWE FOR SENATE P.O. Box 2000		Amount of Each Disbursement this Period 1000.00
City Portland	State ME	
Zip Code 04104-	Purpose of Disbursement OLYMPIA SNOWE [ME-R]	OLYMPIA SNOWE [ME-R]
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	4000.00
<b>TOTAL</b> 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) <b>A. Senator James M. Talent</b>		<b>Transaction ID:</b> 60710.E1527 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address Talent for Senate 507 Capitol Court, NE		Amount of Each Disbursement this Period 1000.00
City Washington	State DC	
Zip Code 20002-	Purpose of Disbursement JIM TALENT (MO-R)	Category/ Type JIM TALENT (MO-R)
Candidate Name JIM TALENT (MO-R)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Congressman Patrick J. Tiberi</b>		<b>Transaction ID:</b> 60710.E1526 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address Tiberi for Congress 2021 East Dublin Granville Road		Amount of Each Disbursement this Period 250.00
City Columbus	State OH	
Zip Code 43229-	Purpose of Disbursement PATRICK J. TIBERI (OH-12-R)	Category/ Type PATRICK J. TIBERI (OH-12-R)
Candidate Name PATRICK J. TIBERI (OH-12-R)	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. Trust Pac</b>		<b>Transaction ID:</b> 60710.E1530 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 6 / 1 9 / 2 0 0 6
Mailing Address 104 Hume Ave		Amount of Each Disbursement this Period 2500.00
City Alexandria	State VA	
Zip Code 22301-1015	Purpose of Disbursement CONTRIBUTION TO FEDERAL PAC	Category/ Type CONTRIBUTION TO FEDERAL PAC
Candidate Name CONTRIBUTION TO FEDERAL PAC	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>3750.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>20250.00</b>