

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)
 Check if different than previously reported. (ACC)
 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 Year-End 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 (12S)
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 / / through / /

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 Mike Greene

Signature of Treasurer Mike Greene [Electronically Filed] Date / /

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)

Write or Type Committee Name

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="8937.26"/>	<input type="text" value="8937.26"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="8937.26"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="11434.61"/>	<input type="text" value="11434.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20371.87"/>	<input type="text" value="20371.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13000.00"/>	<input type="text" value="13000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7371.87"/>	<input type="text" value="7371.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Report Covering the Period: From: / / To: / /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	6185.76	6185.76
(ii) Unitemized	748.85	748.85
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	6934.61	6934.61
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	4500.00	4500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	11434.61	11434.61
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 Transfers (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))..... ▶	11434.61	11434.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	11434.61	11434.61

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) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	13000.00	13000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	13000.00	13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13000.00	13000.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	11434.61	11434.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	11434.61	11434.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 OF 15
	<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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Judy Blatman		Date of Receipt
Mailing Address 5707 Halpine Road		<input type="text" value="02"/> / <input type="text" value="22"/> / <input type="text" value="2013"/>
City	State	Zip Code
Rockville	MD	20851
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4646
Name of Employer	Occupation	Amount of Each Receipt this Period
Council for Responsible Nutrit	Senior Vice President, Communications	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Michael Bradley		Date of Receipt
Mailing Address 102 Merrifield Court		<input type="text" value="03"/> / <input type="text" value="20"/> / <input type="text" value="2013"/>
City	State	Zip Code
Greenville	SC	29615
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4656
Name of Employer	Occupation	Amount of Each Receipt this Period
Perrigo	Director	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Paul Faganel		Date of Receipt
Mailing Address 7365 NW 107th Street		<input type="text" value="04"/> / <input type="text" value="30"/> / <input type="text" value="2013"/>
City	State	Zip Code
Grimes	IA	50111
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : SA11AI.4643
Name of Employer	Occupation	Amount of Each Receipt this Period
Embria Health Sciences	Executive	<input type="text" value="500.00"/>
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1250.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 OF 15
	<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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Mike Greene

Mailing Address 1801 Crystal Drive
Suite 405

City Arlington State VA Zip Code 22202

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

Name of Employer Council for Responsible Nutrit Occupation Vice President, Government Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
06 / 30 / 2013
Transaction ID : SA11AI.4630

Amount of Each Receipt this Period
600.00

\$50 biweekly payroll deduction

Full Name (Last, First, Middle Initial)
B. Peter Barton Hutt

Mailing Address 1201 Pennsylvania Avenue

City Washington State DC Zip Code 20004

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

Name of Employer Covington & Burling Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
03 / 19 / 2013
Transaction ID : SA11AI.4655

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
C. Carl Hyland

Mailing Address 11825 Stuart Mill Road

City Oakton State VA Zip Code 22124

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

Name of Employer Council for Responsible Nutrit Occupation Director, Membership

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.04

Date of Receipt
06 / 30 / 2013
Transaction ID : SA11AI.4631

Amount of Each Receipt this Period
200.04

\$16.67 biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶ 1300.04

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 OF 15
<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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

A. Harvey Kamil
Full Name (Last, First, Middle Initial)

Mailing Address 11 Shore Drive

City State Zip Code
Setauket NY 11733

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

Name of Employer Occupation
NBTY, Inc. Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
03 / 19 / 2013

Transaction ID : SA11AI.4654

Amount of Each Receipt this Period
500.00

B. Ingrid Lebert
Full Name (Last, First, Middle Initial)

Mailing Address 5705 Oak Hill Place

City State Zip Code
Alexandria VA 22310

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

Name of Employer Occupation
Council for Responsible Nutrit Director, Gov't Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
285.72

Date of Receipt
MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SA11AI.4635

Amount of Each Receipt this Period
285.72

\$23.81 biweekly payroll deduction

C. Steve Mister
Full Name (Last, First, Middle Initial)

Mailing Address 8132 Buckspark Lane East

City State Zip Code
Potomac MD 20854

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

Name of Employer Occupation
Council for Responsible Nutrit President & CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
850.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2013

Transaction ID : SA11AI.4638

Amount of Each Receipt this Period
850.00

\$75 biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional).....▶	1635.72
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 9 OF 15
<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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

A. David Morrison
 Full Name (Last, First, Middle Initial)
 Mailing Address 39 Glenville Street
 City Greenwich State CT Zip Code 06831
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vitamin Shoppe Occupation Executive
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2013**
Transaction ID : SA11AI.4652
 Amount of Each Receipt this Period **500.00**

B. Ona Scandurra
 Full Name (Last, First, Middle Initial)
 Mailing Address 46 Wayne Street
 City Hauppauge State NY Zip Code 11788
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Country Life LLC Occupation Director, Regulatory Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **01 / 10 / 2013**
Transaction ID : SA11AI.4683
 Amount of Each Receipt this Period **500.00**

C. Michelle Stout
 Full Name (Last, First, Middle Initial)
 Mailing Address 363 W. Linden Drive
 City Orange State CA Zip Code 92865
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Amway/Nutriline Occupation Director, Regulatory Policy
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **500.00**

Date of Receipt **03 / 19 / 2013**
Transaction ID : SA11AI.4650
 Amount of Each Receipt this Period **500.00**

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 10 OF 15
(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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)
A. Tyler Whitehead

Mailing Address 4141 Dove Lane

City Provo State UT Zip Code 84604

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

Name of Employer Nu Skin Enterprises, Inc. Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 19 / 2013

Transaction ID : SA11AI.4653

Amount of Each Receipt this Period
500.00

Full Name (Last, First, Middle Initial)
B.

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	500.00
TOTAL This Period (last page this line number only).....▶	6185.76

**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 11 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

A. PFIZER INC. PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 235 EAST 42ND STREET
 City NEW YORK State NY Zip Code 10017
 FEC ID number of contributing federal political committee. **C** C00016683
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 19 / 2013
Transaction ID : SA11C.4648
 Amount of Each Receipt this Period
 2500.00

B. PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)
 Full Name (Last, First, Middle Initial)
 Mailing Address PO BOX 9606
 City MISSION HILLS State CA Zip Code 91346
 FEC ID number of contributing federal political committee. **C** C00410654
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 02 / 20 / 2013
Transaction ID : SA11C.4649
 Amount of Each Receipt this Period
 2000.00

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ALEXANDER FOR SENATE 2014 INC

Mailing Address 228 S WASHINGTON STREET SUITE 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement

011

Category/
Type

Candidate Name

ALEXANDER FOR SENATE 2014 INC

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: TN District: 00

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : SB23.4679

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

BRALEY FOR IOWA

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2013

Transaction ID : SB23.4670

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. BRALEY FOR IOWA

Mailing Address PO BOX 856

City DES MOINES State IA Zip Code 50304

Purpose of Disbursement

011

Category/
Type

Candidate Name

BRALEY FOR IOWA

Office Sought: House Senate President

Disbursement For: 2014 Primary General Other (specify) ▼

State: IA District: 00

Date of Disbursement

MM / DD / YYYY
06 / 21 / 2013

Transaction ID : SB23.4682

Amount of Each Disbursement this Period

1000.00

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

4000.00

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)

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIKE LEE INC

Mailing Address 10 WEST BROADWAY
SUITE 500

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: UT District: 00

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2013

Transaction ID : SB23.4676

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. KINZINGER FOR CONGRESS

Mailing Address PO BOX 2365

City OTTAWA State IL Zip Code 61350

Purpose of Disbursement

011

Category/
Type

Candidate Name

KINZINGER FOR CONGRESS

Office Sought: House
 Senate
 President
State: IL District: 16

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 15 / 2013

Transaction ID : SB23.4660

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MATHESON FOR CONGRESS

Mailing Address P.O. BOX 521048
Suite A

City SALT LAKE CITY State UT Zip Code 84152

Purpose of Disbursement

011

Category/
Type

Candidate Name

MATHESON FOR CONGRESS

Office Sought: House
 Senate
 President
State: UT District: 02

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 24 / 2013

Transaction ID : SB23.4659

Amount of Each Disbursement this Period

3000.00

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

5000.00

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)

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code
Long Branch NJ 07740

Purpose of Disbursement

011

Candidate Name

PALLONE FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	5		2	0	1	3

Transaction ID : SB23.4663

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. TIM MURPHY FOR CONGRESS

Mailing Address PO BOX 24551

City State Zip Code
PTTSBURGH PA 15234

Purpose of Disbursement

011

Candidate Name

TIM MURPHY FOR CONGRESS

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: PA District: 18

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	3		0	8		2	0	1	3

Transaction ID : SB23.4664

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

City State Zip Code
CHARLESTON SC 29407

Purpose of Disbursement

011

Candidate Name

TIM SCOTT FOR SENATE

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼
Special-Primary

State: SC District: 00

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	2		2	0	1	3

Transaction ID : SB23.4673

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

3	0	0	0	0	0	0	0	0	0
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1	0	0	0	0	0	0	0	0	0
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**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)

COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UPTON FOR ALL OF US

Mailing Address P.O. Box 490

City St. Joseph State MI Zip Code 49085

Purpose of Disbursement

011

Category/
Type

Candidate Name

UPTON FOR ALL OF US

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: MI District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

Transaction ID : SB23.4669

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

1000.00

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

13000.00
