

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 Council for Responsible Nutrition Political Action Committee

ADDRESS (number and street) 1828 L Street, NW Suite 510 Washington DC 20036 5114 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00399659 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 01 01 2009 through 06 30 2009

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 Electronically Filed by Mike Greene Date 07 10 2009

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
Council for Responsible Nutrition Political Action Committee

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%; height: 20px;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">3960.28</td></tr></table>	3960.28
Y	Y	Y	Y									
2	0	0	9									
3960.28												
(b) Cash on Hand at Beginning of Reporting Period	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">3960.28</td></tr></table>	3960.28										
3960.28												
(c) Total Receipts (from Line 19)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">12530.00</td></tr></table>	12530.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">12530.00</td></tr></table>	12530.00								
12530.00												
12530.00												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16490.28</td></tr></table>	16490.28	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">16490.28</td></tr></table>	16490.28								
16490.28												
16490.28												
7. Total Disbursements (from Line 31)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">9728.00</td></tr></table>	9728.00	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">9728.00</td></tr></table>	9728.00								
9728.00												
9728.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">6762.28</td></tr></table>	6762.28	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">6762.28</td></tr></table>	6762.28								
6762.28												
6762.28												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<table border="1" style="width: 100%; height: 20px;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

FEC Form 3X (Rev. 06/2004)

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)	10746.00	10746.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	10746.00	10746.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1500.00	1500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	12246.00	12246.00
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)	284.00	284.00
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))	12530.00	12530.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	12530.00	12530.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	228.00	228.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	228.00	228.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	9500.00
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))..	9728.00	9728.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9728.00	9728.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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)	12246.00	12246.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12246.00	12246.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	228.00	228.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	284.00	284.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	-56.00	-56.00

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

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

FOR LINE NUMBER: PAGE 6 / 24
(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)
Council for Responsible Nutrition Political Action Committee

A. Full Name (Last, First, Middle Initial)
Michael Ahearn

Mailing Address 43201 Wayside Circle

City State Zip Code
Ashburn VA 20147

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

Name of Employer: Council for Responsible Nutrition
Occupation: Finance Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
205.00

Date of Receipt: 06 / 30 / 2009
Transaction ID: SA11AI.4370
 Amount of Each Receipt this Period: 205.00
 \$15 biweekly payroll deduction + \$55

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

Mailing Address 1329 West Ridge Lane

City State Zip Code
Champaign IL 61822

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

Name of Employer: Archer Daniels Midland Company
Occupation: Division President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt: 02 / 05 / 2009
Transaction ID: SA11AI.4384
 Amount of Each Receipt this Period: 500.00

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

Mailing Address 1900 Bowen Way

City State Zip Code
Forest Hill MD 21050

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

Name of Employer: Nutramax Laboratories, Inc.
Occupation: VP, Legal & Government Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt: 02 / 05 / 2009
Transaction ID: SA11AI.4387
 Amount of Each Receipt this Period: 200.00

SUBTOTAL of Receipts This Page (optional) ► **905.00**

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 / 24
	<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

A.	Full Name (Last, First, Middle Initial) Judith Blatman	Date of Receipt MM / DD / YYYY 02 / 06 / 2009
	Mailing Address 5707 Halpine Road	Transaction ID: SA11AI.4399
	City State Zip Code Rockville MD 20851	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Council for Responsible Nutrit Occupation Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Paul Bolar	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 16258 Keeler Drive	Transaction ID: SA11AI.4412
	City State Zip Code Granada Hills CA 91344	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pharmavite LLC Occupation Vice President, Regulatory Affairs 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) Larry Esposito	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 6 Addison Drive	Transaction ID: SA11AI.4394
	City State Zip Code Basking Ridge NJ 07920	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Innophos, Inc. Occupation Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	850.00
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 / 24
	<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.	Full Name (Last, First, Middle Initial) Marjorie Fine	Date of Receipt MM / DD / YYYY 06 / 04 / 2009
	Mailing Address 620 Greystone Terrace	Transaction ID: SA11AI.4408
	City State Zip Code Orinda CA 94563	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Shaklee Corporation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Mike Greene	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 1801 Crystal Drive Suite 405	Transaction ID: SA11AI.4371
	City State Zip Code Arlington VA 22202	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Council for Responsible Nutrition Government Relations	\$50 biweekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) John Hathcock	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 216 Oronoco Street	Transaction ID: SA11AI.4372
	City State Zip Code Alexandria VA 22202	Amount of Each Receipt this Period 600.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Council for Responsible Nutrition VP, Int'l and Scientific Affairs	\$50 biweekly payroll deduction
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	1700.00
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 9 / 24
	<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

A.	Full Name (Last, First, Middle Initial) Erin Hlasney	Date of Receipt MM / DD / YYYY 06 / 30 / 2009
	Mailing Address 640 Elmcroft Boulevard Suite 1211	Transaction ID: SA11AI.4373
	City State Zip Code Rockville MD 20850	Amount of Each Receipt this Period 102.00
	FEC ID number of contributing federal political committee. C	\$8.50 biweekly payroll deduction
	Name of Employer Council for Responsible Nutrit Occupation Media Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 102.00	

B.	Full Name (Last, First, Middle Initial) Peter Barton Hutt	Date of Receipt MM / DD / YYYY 02 / 07 / 2009
	Mailing Address 124 South Fairfax Street	Transaction ID: SA11AI.4400
	City State Zip Code Alexandria VA 22314	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Covington & Burling Occupation Lawyer 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) William Douglas Jones	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 4440 Morella Avenue	Transaction ID: SA11AI.4389
	City State Zip Code Studio City CA 91607	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Pharmavite LLC Occupation Public Relations Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional)	702.00
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 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Council for Responsible Nutrition Political Action Committee

A. Full Name (Last, First, Middle Initial)
Ingrid Lebert
Mailing Address 4721 Willows Road
City Chesapeake Beach State MD Zip Code 20732
FEC ID number of contributing federal political committee. **C**
Name of Employer Council for Responsible Nutrit Occupation Regulatory & Government Affairs
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 167.00
Date of Receipt 06 / 30 / 2009
Transaction ID: SA11AI.4374
Amount of Each Receipt this Period 167.00
\$15 biweekly payroll deduction

B. Full Name (Last, First, Middle Initial)
Mark LeDoux
Mailing Address 64 Dow Road
City Hollis State NH Zip Code 03049
FEC ID number of contributing federal political committee. **C**
Name of Employer Natural Alternatives Int'l Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00
Date of Receipt 02 / 05 / 2009
Transaction ID: SA11AI.4388
Amount of Each Receipt this Period 500.00

C. Full Name (Last, First, Middle Initial)
L Douglas Lion
Mailing Address 250 Ordale Boulevard
City Pittsburgh State PA Zip Code 15228
FEC ID number of contributing federal political committee. **C**
Name of Employer Douglas Laboratories Occupation CEO
Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1000.00
Date of Receipt 02 / 05 / 2009
Transaction ID: SA11AI.4391
Amount of Each Receipt this Period 1000.00

SUBTOTAL of Receipts This Page (optional) ► 1667.00
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 11 / 24
(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

A.

Full Name (Last, First, Middle Initial)
Douglas MacKay

Mailing Address 8310 Melody Court

City State Zip Code
Bethesda MD 20817

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

Name of Employer Council for Responsible Nutrit Occupation Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4375

Amount of Each Receipt this Period
120.00

\$10 biweekly payroll deduction

B.

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

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 Council for Responsible Nutrit Occupation Association President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4376

Amount of Each Receipt this Period
450.00

\$75 biweekly payroll deduction

C.

Full Name (Last, First, Middle Initial)
David Morrison

Mailing Address 39 Glenville Street

City State Zip Code
Greenwich CT 06831

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

Name of Employer Vitamin Shoppe Occupation Vice President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11AI.4397

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional) ► **1070.00**

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 12 / 24
(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

A.

Full Name (Last, First, Middle Initial)
Kate Murphy

Mailing Address 600 Roosevelt Boulevard
Suite 611

City Falls Church State VA Zip Code 22044

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

Name of Employer Council for Responsible Nutrition Occupation Communications Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 60.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2009

Transaction ID: SA11AI.4377

Amount of Each Receipt this Period
60.00

\$5 biweekly payroll deduction

B.

Full Name (Last, First, Middle Initial)
Haiuyen Nguyen

Mailing Address 9304 Weaver Street

City Silver Spring State MD Zip Code 20901

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

Name of Employer Council for Responsible Nutrition Occupation Research Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 65.00

Date of Receipt
MM / DD / YYYY
02 / 15 / 2009

Transaction ID: SA11AI.4378

Amount of Each Receipt this Period
65.00

\$5 biweekly payroll deduction + \$50

C.

Full Name (Last, First, Middle Initial)
Ken Sabatini

Mailing Address 11904 Cherokee Lane

City Leawood State KS Zip Code 66209

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

Name of Employer Hallmark Occupation Photographer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 150.00

Date of Receipt
MM / DD / YYYY
02 / 05 / 2009

Transaction ID: SA11AI.4382

Amount of Each Receipt this Period
150.00

SUBTOTAL of Receipts This Page (optional) ► **275.00**

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

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

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Council for Responsible Nutrition Political Action Committee

A. Full Name (Last, First, Middle Initial)
Gerry Satterfield

Mailing Address 14232 Arbor Forest Drive
Suite 104

City North Potomac State MD Zip Code 20850

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

Name of Employer Council for Responsible Nutrit Occupation Executive Assistant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 25.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 1 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.4381

Amount of Each Receipt this Period
25.00

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

Mailing Address 9300 Ironhorse Lane

City Montgomery Village State MD Zip Code 20886

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

Name of Employer Council for Responsible Nutrit Occupation Scientist

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4379

Amount of Each Receipt this Period
300.00

\$25 biweekly payroll deduction

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

Mailing Address 1512 South Arlington Ridge Road
Suite 301

City Arlington State VA Zip Code 22202

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

Name of Employer Council for Responsible Nutrit Occupation Public Relations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 102.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.4380

Amount of Each Receipt this Period
102.00

\$8.50 biweekly payroll deduction

SUBTOTAL of Receipts This Page (optional) ▶ **427.00**

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 14 / 24
(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

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

A.

Full Name (Last, First, Middle Initial)
Don Stanek

Mailing Address 435 McCartney Street

City Easton State PA Zip Code 18040

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

Name of Employer Linnea, Inc. Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 200.00

Date of Receipt 02 / 05 / 2009

Transaction ID: SA11AI.4393

Amount of Each Receipt this Period 200.00

B.

Full Name (Last, First, Middle Initial)
Diane Turpin

Mailing Address 257 South Pickett Street Suite 402

City Alexandria State VA Zip Code 22304

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

Name of Employer Herbalife International Occupation Attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 100.00

Date of Receipt 03 / 09 / 2009

Transaction ID: SA11AI.4404

Amount of Each Receipt this Period 100.00

C.

Full Name (Last, First, Middle Initial)
William Van Dyke

Mailing Address 7945 Sitio Redando

City Carlsbad State CA Zip Code 92009

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

Name of Employer B&D Nutritional Ingredients Occupation Executive

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 02 / 05 / 2009

Transaction ID: SA11AI.4396

Amount of Each Receipt this Period 2000.00

SUBTOTAL of Receipts This Page (optional) ► 2300.00

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 15 / 24
(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

A.

Full Name (Last, First, Middle Initial) Bruce Wood		Date of Receipt
Mailing Address 3983 Alta Approach		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 6 / 0 4 / 2 0 0 9
City	State	Zip Code
Sandy	UT	84092
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4409
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 750.00
Name of Employer Schiff Nutrition International	Occupation President & CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 750.00	

B.

Full Name (Last, First, Middle Initial) Elizabeth Zafonte		Date of Receipt
Mailing Address 20 Johnson Road		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y Y 0 6 / 0 4 / 2 0 0 9
City	State	Zip Code
West Orange	NJ	07052
FEC ID number of contributing federal political committee.		Transaction ID: SA11AI.4411
C <input type="text"/>		Amount of Each Receipt this Period
		<input type="text"/> 100.00
Name of Employer Wyeth Consumer Healthcare	Occupation Regulatory Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text"/> 100.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 850.00
TOTAL This Period (last page this line number only)	<input type="text"/> 10746.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 24
	(check only one)	
<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.

Full Name (Last, First, Middle Initial) ARCHER DANIELS MIDLAND COMPANY-ADM PAC		Date of Receipt MM / DD / YYYY 03 / 02 / 2009
Mailing Address P.O. Box 1470		Transaction ID: SA11C.4402
City Decatur	State IL	Zip Code 62525
FEC ID number of contributing federal political committee. C C00093963	Amount of Each Receipt this Period 500.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.

Full Name (Last, First, Middle Initial) Pharmavite PAC		Date of Receipt MM / DD / YYYY 05 / 21 / 2009
Mailing Address P.O. Box 9606		Transaction ID: SA11C.4406
City Mission Hills	State CA	Zip Code 91346-9606
FEC ID number of contributing federal political committee. C C00410654	Amount of Each Receipt this Period 1000.00	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional)	1500.00
TOTAL This Period (last page this line number only)	1500.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 24
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Council for Responsible Nutrition Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street, NW
First Floor

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
105.00

Date of Receipt
MM / DD / YYYY
03 / 23 / 2009

Transaction ID: SA15.4460

Amount of Each Receipt this Period
105.00

Online service charge reimbursement (\$35 *3)

B.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street, NW
First Floor

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
140.00

Date of Receipt
MM / DD / YYYY
04 / 15 / 2009

Transaction ID: SA15.4455

Amount of Each Receipt this Period
35.00

Online service charge reimbursement

C.

Full Name (Last, First, Middle Initial)
Bank of America

Mailing Address 730 15th Street, NW
First Floor

City State Zip Code
Washington DC 20005

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
175.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2009

Transaction ID: SA15.4454

Amount of Each Receipt this Period
35.00

Online service charge reimbursement

SUBTOTAL of Receipts This Page (optional) ► **175.00**

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 18 / 24

(check only one)

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

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW
First Floor

City State Zip Code
Washington DC 20005

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

245.00

Date of Receipt

M M / D D / Y Y Y Y Y
06 / 17 / 2009

Transaction ID: SA15.4453

Amount of Each Receipt this Period

70.00

Online service charge reimbursement (\$35 * 2)

B.

Full Name (Last, First, Middle Initial)

Council for Responsible Nutrition

Mailing Address 1828 L Street, NW
Suite 510

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

M M / D D / Y Y Y Y Y
01 / 27 / 2009

Transaction ID: SA15.4477

Amount of Each Receipt this Period

13.00

Bank fee (under 3K) reimbursement

C.

Full Name (Last, First, Middle Initial)

Council for Responsible Nutrition

Mailing Address 1828 L Street, NW
Suite 510

City State Zip Code
Washington DC 20036

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 30 / 2009

Transaction ID: SA15.4458

Amount of Each Receipt this Period

26.00

Bank fee (under 3K) reimbursement (\$13 * 2)

SUBTOTAL of Receipts This Page (optional)

109.00

TOTAL This Period (last page this line number only)

284.00

**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 19 / 24

<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)
Council for Responsible Nutrition Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4463 Date of Disbursement 01 / 08 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (online service charges)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4461 Date of Disbursement 02 / 06 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (online service charges)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4462 Date of Disbursement 02 / 27 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 13.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (balance under 3K)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

83.00

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 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)
Council for Responsible Nutrition Political Action Committee

A.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4459 Date of Disbursement 03 / 06 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (online service charges)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4456 Date of Disbursement 04 / 07 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 35.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (online service charges)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Bank of America	Transaction ID: SB21B.4457 Date of Disbursement 04 / 14 / 2009
	Mailing Address 730 15th Street, NW First Floor	Amount of Each Disbursement this Period 5.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement Bank Fee (returned check)	001 Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

75.00

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 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)
Council for Responsible Nutrition Political Action Committee

A.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW
First Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee (online service charges)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4452

Date of Disbursement

05 / 07 / 2009

Amount of Each Disbursement this Period

35.00

B.

Full Name (Last, First, Middle Initial)

Bank of America

Mailing Address 730 15th Street, NW
First Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee (online service charges)

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: SB21B.4432

Date of Disbursement

06 / 05 / 2009

Amount of Each Disbursement this Period

35.00

SUBTOTAL of Disbursements This Page (optional) ▶

70.00

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

228.00

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 22 / 24

<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

<p>A. Full Name (Last, First, Middle Initial) CITIZENS FOR HARKIN</p> <p>Mailing Address P O BOX 811</p> <p>City DES MOINES State IA Zip Code 50304</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name CITIZENS FOR HARKIN</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4538 Date of Disbursement: 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) COBURN FOR SENATE 2010</p> <p>Mailing Address POST OFFICE BOX 977</p> <p>City MUSKOGEE State OK Zip Code 74402</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name COBURN FOR SENATE 2010</p> <p>Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OK District: 00</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4540 Date of Disbursement: 06 / 17 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) DAN BURTON FOR CONGRESS COMMITTEE</p> <p>Mailing Address P.O. Box 50593</p> <p>City Indianapolis State IN Zip Code 46250</p> <p>Purpose of Disbursement 011 Category/Type</p> <p>Candidate Name DAN BURTON FOR CONGRESS COMMITTEE</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 05</p> <p>Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4524 Date of Disbursement: 04 / 27 / 2009</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

2500.00

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

A.	Full Name (Last, First, Middle Initial) MARY BONO MACK COMMITTEE	Transaction ID: SB23.4526 Date of Disbursement
	Mailing Address PO Box 3370	<input type="text" value="02"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City State Zip Code Palm Springs CA 92263	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name MARY BONO MACK COMMITTEE	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 45	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) MATHESON FOR CONGRESS	Transaction ID: SB23.4531 Date of Disbursement
	Mailing Address P.O. BOX 521048 Suite A	<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2009"/>
	City State Zip Code SALT LAKE CITY UT 84152	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="3000.00"/>
	Candidate Name MATHESON FOR CONGRESS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: UT District: 02	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) PALLONE FOR CONGRESS	Transaction ID: SB23.4533 Date of Disbursement
	Mailing Address PO BOX 3176	<input type="text" value="03"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City State Zip Code Long Branch NJ 07740	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1000.00"/>
	Candidate Name PALLONE FOR CONGRESS	<input type="text" value="011"/> Category/ Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NJ District: 06	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)
Council for Responsible Nutrition Political Action Committee

A.	Full Name (Last, First, Middle Initial) ROBERT WEXLER FOR CONGRESS COMMITTEE	Transaction ID: SB23.4528
	Mailing Address Post Office Box 810669	Date of Disbursement MM / DD / YYYY 05 / 12 / 2009
	City Boca Raton State FL Zip Code 33431	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name ROBERT WEXLER FOR CONGRESS COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 19	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) ZACK SPACE FOR CONGRESS COMMITTEE	Transaction ID: SB23.4535
	Mailing Address 726 Sixteenth Street NE	Date of Disbursement MM / DD / YYYY 05 / 12 / 2009
	City Massillon State OH Zip Code 44646	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement	011 Category/ Type
	Candidate Name ZACK SPACE FOR CONGRESS COMMITTEE	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 18	Disbursement For: 2009 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	2000.00
TOTAL This Period (last page this line number only)	9500.00