

**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)
Academy of Nutrition and Dietetics Political Action Committee

Full Name (Last, First, Middle Initial)

A. Stabenow for US Senate

Mailing Address **Stabenow for US Senate
PO Box 4945**

City **East Lansing** State **MI** Zip Code **48826**

Purpose of Disbursement
Sen. Stabenow [MI]

Candidate Name
Sen. Debbie Stabenow

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: **MI** District:

Date of Disbursement

/ /

Transaction ID : B8876E0C9E9594501A9A

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. AL FRANKEN FOR SENATE 2014

Mailing Address **PO BOX 583144**

City **MINNEAPOLIS** State **MN** Zip Code **55458**

Purpose of Disbursement
Al Franken [MN-D]

Candidate Name
Sen. Al Franken

Office Sought: House Senate President
Disbursement For: 2014 Primary General Other (specify) ▼
State: **MN** District:

Date of Disbursement

/ /

Transaction ID : BDF98FDF232594940AF2

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Friends of Rosa DeLauro

Mailing Address **Friends of Rosa DeLauro
12 Trumbull Street**

City **New Haven** State **CT** Zip Code **06511**

Purpose of Disbursement
Rosa DeLauro [CT-D]

Candidate Name
Rep. Rosa L. DeLauro

Office Sought: House Senate President
Disbursement For: 2012 Primary General Other (specify) ▼
State: **CT** District: **03**

Date of Disbursement

/ /

Transaction ID : BD9D4AEEEE9C8D4381990

Amount of Each Disbursement this Period

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

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