

# 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. 12FE4M5

**COUNCIL FOR RESPONSIBLE NUTRITION POLITICAL ACTION COMMITTEE**

ADDRESS (number and street) 1828 L Street, NW

Check if different than previously reported. (ACC)
 Suite 510  
Washington
DC
20036

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**

C00399659  NEW (N) **OR**  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

<input type="checkbox"/> April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> July 15 Quarterly Report (Q2)		<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> October 15 Quarterly Report (Q3)		<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)
<input checked="" type="checkbox"/> January 31 Year-End Report (YE)	(c) 12-Day <b>PRE</b> -Election Report for the:	<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)	
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)		<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)		
<input type="checkbox"/> Termination Report (TER)	Election on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 2px;">  </span>				
	(d) 30-Day <b>POST</b> -Election Report for the:	<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)	
	Election on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> in the State of <span style="border: 1px solid black; padding: 2px;">  </span>				

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 01 / 26 / 2012

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										<b>FEC FORM 3X</b> Rev. 12/2004
-----------------	--	--	--	--	--	--	--	--	--	------------------------------------

**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="2011"/>	<input type="text" value="7457.74"/>	<input type="text" value="7457.74"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="12809.55"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="4706.92"/>	<input type="text" value="20624.82"/>
(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="17516.47"/>	<input type="text" value="28082.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="20566.09"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7516.47"/>	<input type="text" value="7516.47"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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: 07 / 01 / 2011 To: 12 / 31 / 2011

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).....	4119.32	15339.32
(ii) Unitemized .....	587.60	1785.50
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4706.92	17124.82
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	4706.92	20624.82
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))..... ▶	4706.92	20624.82
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4706.92	20624.82

**DETAILED SUMMARY PAGE**  
of Disbursements

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.....	10000.00	20566.09
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)) ..	10000.00	20566.09
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	20566.09

**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) .....	4706.92	20624.82
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4706.92	20624.82
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 11
<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. Paul Bolar**  
Full Name (Last, First, Middle Initial)

Mailing Address 16258 Keeler Drive

City Granada Hills State CA Zip Code 91344

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

Name of Employer Pharmavite LLC Occupation Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 22 / 2011

**Transaction ID : SA11AI.4442**

Amount of Each Receipt this Period 250.00

**B. John Hathcock**  
Full Name (Last, First, Middle Initial)

Mailing Address 216 Oronoco Street

City Alexandria State VA Zip Code 22202

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

Name of Employer Council for Responsible Nutrit Occupation Senior VP, Scientific & Int'l Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 12 / 31 / 2011

**Transaction ID : SA11AI.4453**

Amount of Each Receipt this Period 600.00

\$50 biweekly payroll deduction

**C. Sandra Khouri**  
Full Name (Last, First, Middle Initial)

Mailing Address 1808 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

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

Name of Employer Council for Responsible Nutrit Occupation Manager

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt 12 / 31 / 2011

**Transaction ID : SA11AI.4458**

Amount of Each Receipt this Period 180.00

\$15 biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional).....▶ 1030.00

**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 OF 11
<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. Ingrid Lebert**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1301 M Street, NW  
 Suite 730  
 City Washington State DC Zip Code 20005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Council for Responsible Nutrit Occupation Director, Government Relations  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **525.00**

Date of Receipt **08 / 15 / 2011**  
**Transaction ID : SA11AI.4456**  
 Amount of Each Receipt this Period **105.00**  
 \$35 biweekly payroll deduction

**B. Mark LeDoux**  
 Full Name (Last, First, Middle Initial)  
 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 Inc Occupation CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **750.00**

Date of Receipt **10 / 22 / 2011**  
**Transaction ID : SA11AI.4440**  
 Amount of Each Receipt this Period **250.00**

**C. Douglas MacKay**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8310 Melody Court  
 City Bethesda State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Council for Responsible Nutrit Occupation VP, Scientific & Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **12 / 31 / 2011**  
**Transaction ID : SA11AI.4454**  
 Amount of Each Receipt this Period **120.00**  
 \$10 biweekly payroll deduction

**SUBTOTAL** of Receipts This Page (optional)..... **475.00**  
**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 OF 11
<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. Steve Mister**  
Full Name (Last, First, Middle Initial)

Mailing Address 8132 Buckspark Lane East

City Potomac	State MD	Zip Code 20854
-----------------	-------------	-------------------

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

Name of Employer Council for Responsible Nutrit	Occupation President & CEO
--	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2011

**Transaction ID : SA11AI.4452**

Amount of Each Receipt this Period  
750.00

\$62.50 biweekly payroll deduction

**B. Michael Richard**  
Full Name (Last, First, Middle Initial)

Mailing Address 124 N. Windsor Circle

City Bloomington	State IL	Zip Code 60108
---------------------	-------------	-------------------

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

Name of Employer Now Health Group Inc.	Occupation Asst to the President
---	-------------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	01	/	2011

**Transaction ID : SA11AI.4447**

Amount of Each Receipt this Period  
1000.00

**C. Carolyn Sabatini**  
Full Name (Last, First, Middle Initial)

Mailing Address 11904 Cherokee Lane

City Leawood	State KS	Zip Code 66209
-----------------	-------------	-------------------

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

Name of Employer Pharmavite LLC	Occupation Director, Government Relations
------------------------------------	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2011

**Transaction ID : SA11AI.4439**

Amount of Each Receipt this Period  
150.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1900.00
<b>TOTAL</b> 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 11
	<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**

Full Name (Last, First, Middle Initial)  
**A. Ona Scandurra**

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 ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 11 / 17 / 2011  
**Transaction ID : SA11AI.4446**

Amount of Each Receipt this Period  
500.00

Full Name (Last, First, Middle Initial)  
**B. Taylor Wallace**

Mailing Address 2204 Q Street, NW

City Washington      State DC      Zip Code 20008

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

Name of Employer Council for Responsible Nutrit      Occupation Senior Director, Science & Regulatory

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
267.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 21 / 2011  
**Transaction ID : SA11AI.4459**

Amount of Each Receipt this Period  
214.32

\$17.86 biweekly payroll deduction

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	714.32
<b>TOTAL</b> This Period (last page this line number only).....▶	4119.32

**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

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. FRIENDS OF JASON CHAFFETZ**

Mailing Address 315 Westfield Circle

City Alpine State UT Zip Code 84004

Purpose of Disbursement

011

Candidate Name

**FRIENDS OF JASON CHAFFETZ**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	6		2	0	1	1

**Transaction ID : SB23.4431**

Amount of Each Disbursement this Period

2	0	0	0	0	0	0	0	0	0
2	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name

**HATCH ELECTION COMMITTEE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	1

**Transaction ID : SB23.4434**

Amount of Each Disbursement this Period

4	0	0	0	0	0	0	0	0	0
4	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. HATCH ELECTION COMMITTEE INC**

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement

011

Candidate Name

**HATCH ELECTION COMMITTEE INC**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: UT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	1		2	0	1	1

**Transaction ID : SB23.4435**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0
1	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

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

7	0	0	0	0	0	0	0	0	0
7	0	0	0	0	0	0	0	0	0

### 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

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. MARY BONO MACK COMMITTEE

Mailing Address PO Box 3370

City State Zip Code  
Palm Springs CA 92263

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**MARY BONO MACK COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: CA District: 45

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	14	/	2011

Transaction ID : **SB23.4432**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

#### B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

012

Category/  
Type

Candidate Name

**PALLONE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2011

Transaction ID : **SB23.4433**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

#### C. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City State Zip Code  
Long Branch NJ 07740

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**PALLONE FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	09	/	2011

Transaction ID : **SB23.4436**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

10000.00