

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

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

FOR LINE NUMBER: PAGE 9 OF 38

(check only one)

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

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NAME OF COMMITTEE (In Full)

Academy of Nutrition and Dietetics Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Moore, Mary, Lynn, Mrs., RDN

Mailing Address PO Box 5229

City
JacksonState
MSZip Code
39296-5229FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Nutrition Systems ConsultOccupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

251.50

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2017

Transaction ID : A6503C1433C4E483597F

Amount of Each Receipt this Period

155.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Raimondi, Mary Pat, , Ms.,Mailing Address 1120 Connecticut Ave NW
Ste 480City
WashingtonState
DCZip Code
20036-3989FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Academy-staffOccupation (for Individual)
RD - Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 16 / 2017

Transaction ID : A667411F3FDFD40EF864

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Conca, Sarah, , Ms.,Mailing Address 1156 Commonwealth Ave
Apt 39City
AllstonState
MAZip Code
02134-4725FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Massachusetts Academy of Nutrition andOccupation (for Individual)
Rdn

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 17 / 2017

Transaction ID : AEEE14DC9C1FE4BC6AEC

Amount of Each Receipt this Period

100.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

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

355.00