

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 Academy of Nutrition and Dietetics Political Action Committee

ADDRESS (number and street) 1120 Connecticut Ave. NW Suite 480 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00143560 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] 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) [X] 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 M M / D D / Y Y Y Y Y Y in the State of (d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 08 / 01 / 2016 through 08 / 31 / 2016

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 Mr. Paul A Mifsud

Signature of Treasurer Mr. Paul A Mifsud [Electronically Filed] Date 09 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Table with 7 columns and 1 row, Office Use Only, FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**Academy of Nutrition and Dietetics 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="2016"/>		176607.99
(b) Cash on Hand at Beginning of Reporting Period.....	209065.55	
(c) Total Receipts (from Line 19) .....	5932.00	93697.70
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	214997.55	270305.69
7. Total Disbursements (from Line 31).....	7000.00	62308.14
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	207997.55	207997.55
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Academy of Nutrition and Dietetics 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).....	2862.00	31294.00
(ii) Unitemized .....	3070.00	62403.70
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5932.00	93697.70
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5932.00	93697.70
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))..... ▶	5932.00	93697.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5932.00	93697.70

**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	9308.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	9308.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	43000.00
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 .....	5000.00	10000.00
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)) ..	7000.00	62308.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7000.00	62308.14

**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) .....	5932.00	93697.70
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5932.00	93697.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	9308.14
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	9308.14

**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 16
<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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Ms. Tracy L Wilczek**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Pritikin Longevity Center  
 8755 Nw 36th Street  
 City Miami State FL Zip Code 33178  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Flik International Occupation Rdn  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 05 / 2016  
**Transaction ID : AA5A97892C55048149C1**  
 Amount of Each Receipt this Period 250.00  
 Memo Item

**B. Dr. Judith C Rodriguez RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4552 Shiloh Mill Blvd  
 City Jacksonville State FL Zip Code 32246-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Florida Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2016  
**Transaction ID : A6C2C128BD9264CBA937**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

**c. Dr. Judith C Rodriguez RD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4552 Shiloh Mill Blvd  
 City Jacksonville State FL Zip Code 32246-1877  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University Of Florida Occupation Professor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 06 / 2016  
**Transaction ID : A207B9F0B072F4FE5949**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	450.00
<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 7 OF 16
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. William C Barkley**  
Full Name (Last, First, Middle Initial)

Mailing Address 7901 W 131st Pl

City Overland Park State KS Zip Code 66213-5115

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

Name of Employer Sodexho Occupation  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 17 / 2016  
**Transaction ID : A42C7D983BE904B07BFA**

Amount of Each Receipt this Period 250.00

Memo Item

**B. Ms. Nancy Z Farrell**  
Full Name (Last, First, Middle Initial)

Mailing Address 5 Crystal Ct

City Fredericksburg State VA Zip Code 22405-5762

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

Name of Employer Self-employed Occupation Rdn  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 660.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : A2FC4F65F11BB4A78805**

Amount of Each Receipt this Period 125.00

Memo Item

**C. Ms. Teresa A Nece RDN**  
Full Name (Last, First, Middle Initial)

Mailing Address 1120 Connecticut Avenue NW Ste. 4

City Washington State DC Zip Code 20036

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

Name of Employer Academy Of Nutrition And Occupation Director, Grassroots Advocacy  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1315.00

Date of Receipt 08 / 18 / 2016  
**Transaction ID : A16F4C3C8B5314A45B42**

Amount of Each Receipt this Period 125.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 500.00

**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 16
	<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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Ms. Mary K Russell**  
Full Name (Last, First, Middle Initial)

Mailing Address 1 Baxter Pkwy  
# DF5-3E

City Deerfield State IL Zip Code 60015-4625

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

Name of Employer Baxter Healthcare Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
08 / 18 / 2016  
**Transaction ID : ADB9923D08AAF4B12A52**

Amount of Each Receipt this Period  
250.00

Memo Item

**B. Dr. Mildred M Cody**  
Full Name (Last, First, Middle Initial)

Mailing Address 1562 Barrington Vw

City Stone Mountain State GA Zip Code 30087-1846

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

Name of Employer Georgia State University Occupation Rd

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
595.00

Date of Receipt  
08 / 18 / 2016  
**Transaction ID : A5DEE7FD5FD0D4D02B3A**

Amount of Each Receipt this Period  
125.00

Memo Item

**C. Dr. Kathryn P Sucher RDN**  
Full Name (Last, First, Middle Initial)

Mailing Address Nutrition, Food Science & Packagin  
San Jose State University

City San Jose State CA Zip Code 95192

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

Name of Employer San Jose State University Occupation Rdn

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
257.00

Date of Receipt  
08 / 18 / 2016  
**Transaction ID : AC0E364ECE846490C82B**

Amount of Each Receipt this Period  
25.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 400.00

**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 OF 16
	<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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Mr. Jey-Hong Hwang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Plymouth Rd  
 City State Zip Code  
 Great Neck NY 11023-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sodexo Rdn  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016  
**Transaction ID : AE7126245D87E417AB20**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Mr. Jey-Hong Hwang**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 60 Plymouth Rd  
 City State Zip Code  
 Great Neck NY 11023-1656  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Sodexo Rdn  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 18 / 2016  
**Transaction ID : AB90F8DACAFD74DAEAEI**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

**C. Mr. Martin M Yadrick**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3284 Hillock Dr  
 City State Zip Code  
 Los Angeles CA 90068-1428  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Computrition Director, Nutrition Informatics  
 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  
 08 / 24 / 2016  
**Transaction ID : A8907BAB8042547BAA15**  
 Amount of Each Receipt this Period  
 125.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	500.00
<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 10 OF 16
	<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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Mrs. Denise A Andersen**

Full Name (Last, First, Middle Initial)  
Mailing Address 1411 Farmdale Rd

City Saint Paul State MN Zip Code 55118-2739

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

Name of Employer Private Consultant Occupation Rdn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **08 / 30 / 2016**  
**Transaction ID : AF6F6D33A767A4ACA9CB**

Amount of Each Receipt this Period **100.00**

Memo Item

**B. Ms. Jeanne Blankenship RDN**

Full Name (Last, First, Middle Initial)  
Mailing Address 1120 Connecticut Ave NW Ste 460

City Washington State DC Zip Code 20036-3953

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

Name of Employer Academy of Nutrition and Dietetics Occupation VP, Policy Initiatives & Advocacy

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A2F9952DCD8F844C787F**

Amount of Each Receipt this Period **125.00**

Memo Item

**C. Mrs. Christine K Weithman**

Full Name (Last, First, Middle Initial)  
Mailing Address 59 Temple Pl Ste 704

City Boston State MA Zip Code 02111-1305

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

Name of Employer Health Management Resources Occupation Rdn

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ **475.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A5BAF3C09BF7D4E49997**

Amount of Each Receipt this Period **125.00**

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ **350.00**

**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 11 OF 16
	<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Ms. Dianne K Polly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6751 Sunburst Cove  
 City Memphis State TN Zip Code 38119  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Shelby County Schools Occupation Rdn  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **360.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A8A126D845BB648B4937**  
 Amount of Each Receipt this Period **5.00**  
 Memo Item

**B. Ms. Mary Pat Pat Raimondi**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1120 Connecticut Ave NW, Ste 480  
 City Washington State DC Zip Code 20036-3989  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Academy-staff Occupation RD - Vice President  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **545.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A7DC723D28E694A17919**  
 Amount of Each Receipt this Period **45.00**  
 Memo Item

**C. Dr. Catherine W Christie**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address University Of North Florida  
 City Jacksonville State FL Zip Code 32224-2645  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Univ Of Florida Occupation Rdn  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **310.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A352F07983F714191B8A**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>175.00</b>
<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 12 OF 16
	<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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Ms. Virginia J Dantone-Debarberis RDN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 River Oaks Dr  
 City La Place State LA Zip Code 70068-7100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nutrition Education Resources Occupation Rdn  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **720.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A2E4F9FBAEA274B9EB76**  
 Amount of Each Receipt this Period **5.00**  
 Memo Item

**B. Ms. Virginia J Dantone-Debarberis RDN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 112 River Oaks Dr  
 City La Place State LA Zip Code 70068-7100  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Nutrition Education Resources Occupation Rdn  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **720.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A5C5B08DC6D2B49B89B3**  
 Amount of Each Receipt this Period **85.00**  
 Memo Item

**C. Dr. Adrienne A White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rm 113  
 5735 Hitchner Hall  
 City Orono State ME Zip Code 04469-5735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maine Occupation Program Director  
 Receipt For:  Primary  General  Other (specify)  Memo Item  
 Aggregate Year-to-Date **227.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A5C4CAFFDBA684E808D8**  
 Amount of Each Receipt this Period **52.00**  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... **142.00**  
**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 13 OF 16
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Dr. Adrienne A White**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Rm 113  
 5735 Hitchner Hall  
 City Orono State ME Zip Code 04469-5735  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of Maine Occupation Program Director  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **227.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AF3B31643A84A425981B**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**B. Ms. Kathryn E Lawson**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 73 Lori Ln  
 City Burlington State VT Zip Code 05408-1046  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Keurig Green Mountain, Inc Occupation Rd  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **335.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : A0A63CFF66B104A34BDD**  
 Amount of Each Receipt this Period **125.00**  
 Memo Item

**C. Mr. Pepin Tuma**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address Academy of Nutrition and Dietetics  
 1120 Connecticut Ave NW Suite 460  
 City Washington State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Academy Of Nutrition And Occupation Director, Regulatory Affairs  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **400.00**

Date of Receipt **08 / 31 / 2016**  
**Transaction ID : AF957B6127CCD455DA85**  
 Amount of Each Receipt this Period **50.00**  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>300.00</b>
<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: PAGE 14 OF 16  
(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)  
**Academy of Nutrition and Dietetics Political Action Committee**

**A. Mrs. Jessie M Pavlinac**  
Full Name (Last, First, Middle Initial)  
Mailing Address 808 SW Campus Drive  
City Portland State OR Zip Code 97239  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Oregon Health & Science U Occupation Director, Clinical Nutrition  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 365.00

Date of Receipt 08 / 31 / 2016  
**Transaction ID : A03A601905ED94305BAF**  
Amount of Each Receipt this Period 45.00  
 Memo Item

**B.**  
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  
Amount of Each Receipt this Period  
 Memo Item

**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  
Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	45.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2862.00

**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)  
**Academy of Nutrition and Dietetics Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. VIRGIN ISLANDS FOR PLASKETT**

Mailing Address PO BOX 26502

City CHRISTIANSTED State VI Zip Code 00820

Purpose of Disbursement  
Stacey Plaskett

Candidate Name

**Del. Stacey Plaskett**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: VI District: 00

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : B9404FAD3F85243D693C

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. BERA FOR CONGRESS**

Mailing Address POST OFFICE BOX 582496

City ELK GROVE State CA Zip Code 95758

Purpose of Disbursement  
Ami Bera [CA-07-D]

Candidate Name

**Rep. Ami Bera**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: CA District: 07

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : B754A25CC5A51403B85D

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. WALORSKI FOR CONGRESS INC**

Mailing Address PO BOX 954

City MISHAWAKA State IN Zip Code 46546-0954

Purpose of Disbursement  
Jackie Walorski [IN-02-R]

Candidate Name

**Rep. Jackie Swihart Walorski**

Office Sought:  House  Senate  President

Disbursement For: 2016  
 Primary  General  Other (specify) ▼

State: IN District: 02

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 15 / 2016

Transaction ID : B7EC445CC120E472BB14

Amount of Each Disbursement this Period

500.00

Memo Item

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

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

2000.00

2000.00

**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 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 checked="" 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. Sharon Buhr for ND State House**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Mailing Address

City State Zip Code

**Transaction ID : B32F32D7213384AE2A15**

Purpose of Disbursement  
Sharon Buhr

Category/ Type
-------------------

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**B. Ehrens for House**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	15	/	2016

Mailing Address

City State Zip Code

**Transaction ID : BEB1B1299CACE44F6974**

Purpose of Disbursement  
Karen Ehrens

Category/ Type
-------------------

Amount of Each Disbursement this Period

2500.00
---------

Candidate Name

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

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

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type
-------------------

Candidate Name

Memo Item

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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

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

5000.00
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5000.00
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