

# 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

Herbalife International Inc. PAC

ADDRESS (number and street) 800 W. Olympic Blvd.

▼ Suite 406

Check if different than previously reported. (ACC) Los Angeles CA 90015

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00393298

3. IS THIS REPORT  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)  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 M / D 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 M / D D D / Y Y Y Y Y Y in the State of  

5. Covering Period M M M / D D D / Y Y Y Y Y Y 09 / 01 / 2016 through M M M / D D D / Y Y Y Y Y Y 09 / 30 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

DeSimone, John, , ,

Type or Print Name of Treasurer \_\_\_\_\_

Signature of Treasurer DeSimone, John, , , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 10 / 18 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Herbalife International Inc. PAC**

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"/>		109960.43
(b) Cash on Hand at Beginning of Reporting Period.....	91379.82	
(c) Total Receipts (from Line 19) .....	4757.61	39232.73
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	96137.43	149193.16
7. Total Disbursements (from Line 31).....	28000.00	81055.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	68137.43	68137.43
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. 05/2016)

Write or Type Committee Name

**Herbalife International Inc. PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
09 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
09 / 30 / 2016

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).....	3988.78	32927.48
(ii) Unitemized .....	731.56	6267.98
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4720.34	39195.46
(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) .....	4720.34	39195.46
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).....	37.27	37.27
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)).....▶	4757.61	39232.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4757.61	39232.73

**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	6055.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	6055.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28000.00	75000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	28000.00	81055.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28000.00	81055.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	4720.34	39195.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4720.34	39195.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	6055.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	37.27	37.27
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-37.27	6018.46

**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 33
<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)  
**Herbalife International Inc. PAC**

**A. Barton, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Global Strategic Sourcing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 697.86

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-3**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**B. Barton, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Global Strategic Sourcing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 697.86

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-3**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**C. Benudiz, Solomon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Global Security  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 389.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-4**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 69.21  
**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 33
	<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	

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)  
**Herbalife International Inc. PAC**

**A. Benudiz, Solomon, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Global Security  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 389.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-4**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**B. Calder, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Office of the Chairman &  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-6**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**C. Calder, William, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Office of the Chairman &  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-6**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	80.23
<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 8 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Calloway, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Global Logistics & Trade  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-7**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**B. Calloway, Sandra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Global Logistics & Trade  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-7**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**C. Carter, Jacquie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director and Product Trainer, Outer Nu  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 378.96

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-8**  
 Amount of Each Receipt this Period 31.58  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional).....▶ 88.74  
**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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Carter, Jacquie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W Olympic Blvd  
Ste 406

City Los Angeles State CA Zip Code 90015-1367

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director and Product Trainer, Outer Nu

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 378.96

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-8**

Amount of Each Receipt this Period 31.58

Memo Item

**B. Chacon-Garbato, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 W 190th St

City Torrance State CA Zip Code 90502-1001

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Outer Nutrition Product Trai

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-9**

Amount of Each Receipt this Period 28.58

Memo Item

**C. Chacon-Garbato, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 W 190th St

City Torrance State CA Zip Code 90502-1001

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Outer Nutrition Product Trai

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-9**

Amount of Each Receipt this Period 28.58

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	88.74
<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 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Delaney, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Member Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-11**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**B. Delaney, Julie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Member Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-11**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**C. Ellis, Gentry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 Temple School Rd  
 City Winston Salem State NC Zip Code 27107-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, WW Manufacturing - Winst  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-12**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	85.74
<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 11 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Ellis, Gentry, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3200 Temple School Rd  
 City Winston Salem State NC Zip Code 27107-3628  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, WW Manufacturing - Winst  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-12**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**B. Glover, Gina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Domestic & Export Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-13**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**C. Glover, Gina, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Domestic & Export Operations  
 Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-13**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	85.74
<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 33
	<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)  
**Herbalife International Inc. PAC**

**A. Gratton, Rodolfo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Nutrition Education an  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-14**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**B. Gratton, Rodolfo, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Nutrition Education an  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-14**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**C. Harris, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, R&D Foods  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 353.00

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-17**  
 Amount of Each Receipt this Period 35.30  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	149.60
<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 13 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Harris, Scott, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, R&D Foods  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 353.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : 20160921201732-17**  
 Amount of Each Receipt this Period  
 35.30  
 Memo Item

**B. He, Kan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Principal Scientist, Botanical Develop  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 376.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-18**  
 Amount of Each Receipt this Period  
 23.07  
 Memo Item

**C. He, Kan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Principal Scientist, Botanical Develop  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 376.14

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : 20160921201732-18**  
 Amount of Each Receipt this Period  
 23.07  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	81.44
<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 14 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Herbalife International Inc. PAC**

**A. Hicks, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Supply Chain Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-20**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**B. Hicks, Troy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Supply Chain Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-20**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**C. Hoffman, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) EVP, Global Corporate Affairs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-21**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	294.30
<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 16 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Kim, Chi Hee, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Global Government and Indust  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-24**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**B. Kirakossian, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Transfer Pricing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 383.59

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-25**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

**C. Kirakossian, Suzanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Director, Transfer Pricing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 383.59

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-25**  
 Amount of Each Receipt this Period 23.07  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	74.72
<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 17 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Herbalife International Inc. PAC**

**A. Levy, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) EVP, WW Sales & Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-27**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**B. Levy, Robert, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) EVP, WW Sales & Marketing  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : 20160921201732-27**  
 Amount of Each Receipt this Period  
 250.00  
 Memo Item

**C. Meyer, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 Crumpler Rd  
 City Memphis State TN Zip Code 38141-8303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Distribution  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-28**  
 Amount of Each Receipt this Period  
 23.81  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	523.81
<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 18 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Meyer, Gary, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 5025 Crumpler Rd  
 City Memphis State TN Zip Code 38141-8303  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Distribution  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-28**  
 Amount of Each Receipt this Period 23.81  
 Memo Item

**B. Peters, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) SVP, Sales Planning  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-30**  
 Amount of Each Receipt this Period 119.05  
 Memo Item

**C. Peters, Bruce, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) SVP, Sales Planning  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1666.70

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-31**  
 Amount of Each Receipt this Period 119.05  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	261.91
<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 19 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Pezzullo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) EVP, WW Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3196.00

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-31**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**B. Pezzullo, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) EVP, WW Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3196.00

Date of Receipt  
 09 / 23 / 2016  
**Transaction ID : 20160921201732-32**  
 Amount of Each Receipt this Period  
 192.30  
 Memo Item

**C. Pittman, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, International Controller  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 778.10

Date of Receipt  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-32**  
 Amount of Each Receipt this Period  
 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	430.75
<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 20 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Pittman, Joseph, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, International Controller  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-33**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**B. Quan, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Investor Relations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 778.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-33**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

**C. Quan, Alan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Investor Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 778.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-34**  
 Amount of Each Receipt this Period 46.15  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.45
<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 21 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Ramirez, Silvia J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Member Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-34**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**B. Ramirez, Silvia J., , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Member Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-35**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**C. Rawnsley, Nicola, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Direct Sales & Complianc  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-35**  
 Amount of Each Receipt this Period 23.81  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	138.11
<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 22 OF 33
	<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)  
**Herbalife International Inc. PAC**

**A. Rawnsley, Nicola, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Sr. Director, Direct Sales & Complianc  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 333.34

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-36**  
 Amount of Each Receipt this Period 23.81  
 Memo Item

**B. Riddle, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Manufacturing US Operations  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 346.78

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-36**  
 Amount of Each Receipt this Period 24.77  
 Memo Item

**C. Riddle, Charles, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Manufacturing US Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 346.78

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-37**  
 Amount of Each Receipt this Period 24.77  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	73.35
<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 23 OF 33
<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)  
**Herbalife International Inc. PAC**

**A. Sabel, Patti, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-39**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**B. Sabel, Patti, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.12

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-40**  
 Amount of Each Receipt this Period 28.58  
 Memo Item

**C. Schissel, Mark, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Chief Information Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 2115.38

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-40**  
 Amount of Each Receipt this Period 57.69  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	114.85
<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 24 OF 33  
(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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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)  
**Herbalife International Inc. PAC**

**A. Schissel, Mark, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 W 190th St

City Torrance	State CA	Zip Code 90502-1001
------------------	-------------	------------------------

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

Name of Employer (for Individual) Herbalife International of America, In	Occupation (for Individual) Chief Information Officer
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2115.38

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : 20160921201732-41**

Amount of Each Receipt this Period  
57.69

Memo Item

**B. Semler, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 W 190th St

City Torrance	State CA	Zip Code 90502-1001
------------------	-------------	------------------------

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

Name of Employer (for Individual) Herbalife International of America, In	Occupation (for Individual) Sr. Director, Facilities Management
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

**Transaction ID : 20160907163740-41**

Amount of Each Receipt this Period  
20.00

Memo Item

**C. Semler, Gary, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 950 W 190th St

City Torrance	State CA	Zip Code 90502-1001
------------------	-------------	------------------------

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

Name of Employer (for Individual) Herbalife International of America, In	Occupation (for Individual) Sr. Director, Facilities Management
---	--

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
260.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2016

**Transaction ID : 20160921201732-42**

Amount of Each Receipt this Period  
20.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	97.69
<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 25 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)  
**Herbalife International Inc. PAC**

**A. Shao, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W Olympic Blvd  
Ste 406

City Los Angeles State CA Zip Code 90015-1367

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Global Nutrition Polic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-42**

Amount of Each Receipt this Period 57.15

Memo Item

**B. Shao, Andrew, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 W Olympic Blvd  
Ste 406

City Los Angeles State CA Zip Code 90015-1367

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Global Nutrition Polic

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-43**

Amount of Each Receipt this Period 57.15

Memo Item

**C. Walsh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 W 190th St  
Ste 650

City Torrance State CA Zip Code 90502-1075

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

Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Global Operations Finance

Receipt For:  Primary  General  Other (specify)

Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-46**

Amount of Each Receipt this Period 57.15

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	171.45
<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 26 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Walsh, David, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 990 W 190th St  
 Ste 650  
 City Torrance State CA Zip Code 90502-1075  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) VP, Global Operations Finance  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.10

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-47**  
 Amount of Each Receipt this Period 57.15  
 Memo Item

**B. Walsh, Des, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3333.40

Date of Receipt 09 / 09 / 2016  
**Transaction ID : 20160907163740-47**  
 Amount of Each Receipt this Period 238.10  
 Memo Item

**C. Walsh, Des, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 800 W Olympic Blvd  
 Ste 406  
 City Los Angeles State CA Zip Code 90015-1367  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) President  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 3333.40

Date of Receipt 09 / 23 / 2016  
**Transaction ID : 20160921201732-48**  
 Amount of Each Receipt this Period 238.10  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	533.35
<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 27 OF 33
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

**A. Waters, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Americas Finance and I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1463.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 09 / 2016  
**Transaction ID : 20160907163740-48**  
 Amount of Each Receipt this Period  
 46.15  
 Memo Item

**B. Waters, Timothy, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 950 W 190th St  
 City Torrance State CA Zip Code 90502-1001  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Herbalife International of America, In Occupation (for Individual) Vice President, Americas Finance and I  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1463.90

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 23 / 2016  
**Transaction ID : 20160921201732-49**  
 Amount of Each Receipt this Period  
 46.15  
 Memo Item

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Occupation (for Individual)  
 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  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	92.30
<b>TOTAL</b> This Period (last page this line number only).....▶	3988.78

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 28 OF 33  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**Herbalife International Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Avenue

City McLean State VA Zip Code 22101

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
37.27

Date of Receipt  
MM / DD / YYYY  
09 / 07 / 2016

**Transaction ID : A0C1DD1E7D8E4B71A14C**

Amount of Each Receipt this Period  
37.27

Memo Item  
Reimbursement of September Bank Fee

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	37.27
<b>TOTAL</b> This Period (last page this line number only).....▶	37.27

**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"/> 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)  
**Herbalife International Inc. PAC**

**A. Bill Nelson for U S Senate**

Full Name (Last, First, Middle Initial)  
Mailing Address 972 W Whitmire Drive

City Melbourne State FL Zip Code 32935

Purpose of Disbursement 2018 Primary

Candidate Name Nelson, Bill, , ,

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify) ▼

State: FL District:

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C00344051  
Transaction ID : D665C4DE33  
Amount of Each Disbursement this Period 1000.00

Memo Item

**B. Butterfield for Congress**

Full Name (Last, First, Middle Initial)  
Mailing Address 434 Fayetteville Street Suite 2020

City Raleigh State NC Zip Code 27601

Purpose of Disbursement 2016 General

Candidate Name Butterfield, George, Kenneth, , Jr.

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: NC District: 01

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C00401190  
Transaction ID : 0F005449FCE  
Amount of Each Disbursement this Period 1000.00

Memo Item

**C. Citizens for Waters**

Full Name (Last, First, Middle Initial)  
Mailing Address 249 E Ocean Blvd # 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement 2016 General

Candidate Name Waters, Maxine, , ,

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: CA District: 43

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C00167585  
Transaction ID : 0F966D092B  
Amount of Each Disbursement this Period 1000.00

Memo Item

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

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

3000.00

**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"/> 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)  
**Herbalife International Inc. PAC**

**A. Cory Booker for Senate**

Full Name (Last, First, Middle Initial)  
Cory Booker for Senate

Mailing Address PO Box 15293

City Washington State DC Zip Code 20003

Purpose of Disbursement 2020 Primary

Candidate Name Booker, Cory, Anthony, ,

Office Sought:  House  Senate  President

Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NJ District:

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C00540500  
Transaction ID : 925419625AC  
Amount of Each Disbursement this Period 1000.00

Memo Item

**B. DSCC**

Full Name (Last, First, Middle Initial)  
DSCC

Mailing Address 120 Maryland Ave NE

City Washington State DC Zip Code 20002

Purpose of Disbursement 2016 Contribution

Candidate Name DSCC

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement 09 / 21 / 2016

FEC Identification Number C00042366  
Transaction ID : 414299A7433  
Amount of Each Disbursement this Period 5000.00

Memo Item

**C. Filemon Vela for Congress**

Full Name (Last, First, Middle Initial)  
Filemon Vela for Congress

Mailing Address 10715 Gulfdale St Ste 235

City San Antonio State TX Zip Code 78216

Purpose of Disbursement 2016 General

Candidate Name Vela, Filemon, Bartolome, , Jr.

Office Sought:  House  Senate  President

Disbursement For: 2016  Primary  General  Other (specify) ▼

State: TX District: 34

Date of Disbursement 09 / 12 / 2016

FEC Identification Number C00513531  
Transaction ID : AF36D7EE83  
Amount of Each Disbursement this Period 1000.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 7000.00

**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"/> 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)  
**Herbalife International Inc. PAC**

Full Name (Last, First, Middle Initial) <b>A. Hatch Election Committee Inc</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address PO Box 3986		FEC Identification Number C00104752 <b>Transaction ID : 20E7AE26354</b> Amount of Each Disbursement this Period 2500.00
City Washington	State DC	Zip Code 20027
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>Hatch, Orrin, Grant, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: UT	District:	

Full Name (Last, First, Middle Initial) <b>B. Marsha Blackburn for Congress, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2016
Mailing Address PO Box 3750		FEC Identification Number C00376939 <b>Transaction ID : BD635CD4AE</b> Amount of Each Disbursement this Period 1000.00
City Brentwood	State TN	Zip Code 37024-3750
Purpose of Disbursement 2016 General		011 Category/ Type
Candidate Name <b>Blackburn, Marsha, Wedgeworth, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: TN	District: 07	

Full Name (Last, First, Middle Initial) <b>C. McCaskill for Missouri</b>		Date of Disbursement MM / DD / YYYY 09 / 21 / 2016
Mailing Address PO Box 300077		FEC Identification Number C00431304 <b>Transaction ID : 94A440D689:</b> Amount of Each Disbursement this Period 1000.00
City St Louis	State MO	Zip Code 63130
Purpose of Disbursement 2018 Primary		011 Category/ Type
Candidate Name <b>McCaskill, Claire, Conner, ,</b>		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MO	District:	

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

4500.00

**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"/> 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)  
**Herbalife International Inc. PAC**

**A. Moran for Kansas**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 1151

City Hays State KS Zip Code 67601-1151

Purpose of Disbursement  
2016 General

Candidate Name  
**Moran, Jerry, W., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼

State: KS District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: **C00458315**  
Transaction ID : **90EC117D45**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

**B. NRSC**

Full Name (Last, First, Middle Initial)  
Mailing Address 425 2nd Street NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
2016 Contribution

Candidate Name  
**NRSC**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) Contribution

State: District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: **C00027466**  
Transaction ID : **B57A88DE80I**  
Amount of Each Disbursement this Period: 5000.00

Memo Item

**C. Thom Tillis Committee**

Full Name (Last, First, Middle Initial)  
Mailing Address PO Box 97396

City Raleigh State NC Zip Code 27624

Purpose of Disbursement  
2020 Primary

Candidate Name  
**Tillis, Thomas, Roland, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify) ▼

State: NC District:

Date of Disbursement: 09 / 21 / 2016

FEC Identification Number: **C00545772**  
Transaction ID : **F04046903Df**  
Amount of Each Disbursement this Period: 2500.00

Memo Item

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

10000.00

**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"/> 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)  
**Herbalife International Inc. PAC**

**A. Tony Cardenas for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 249 E. Ocean Blvd. Suite 685

City Long Beach State CA Zip Code 90802

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Cardenas, Tony, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 29

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : A266944FEBI**  
Amount of Each Disbursement this Period

Memo Item

**B. Walters for Congress**

Full Name (Last, First, Middle Initial)

Mailing Address 9070 Irvine Center Drive, #150

City Irvine State CA Zip Code 92618

Purpose of Disbursement  
2016 General

Category/  
Type

Candidate Name  
**Walters, Mimi, K., ,**

Office Sought:  House  Senate  President  
Disbursement For: 2016  Primary  General  Other (specify) ▼  
State: CA District: 45

Date of Disbursement

/  /

FEC Identification Number

**Transaction ID : DF084356C85**  
Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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