

RECEIVED

2010 DEC -3 AM 10: 29

FEC MAIL CENTER

Vitamin Shoppe  
Industries Inc.  
2101 91<sup>st</sup> Street  
North Bergen, NJ 07047  
[www.vitaminshoppe.com](http://www.vitaminshoppe.com)



Kerry L. DeBellonia  
Corporate & Real Estate Paralegal  
201-624-3256, 201-624-3990 (fax)  
[kerry.debellonia@vitaminshoppe.com](mailto:kerry.debellonia@vitaminshoppe.com)

**VIA OVERNIGHT COURIER**

December 2, 2010

Federal Election Commission  
999 East Street, N.W.  
Washington, D.C. 20463

Re: Post-General Election Filing  
Vitamin Shoppe, Inc. PAC

Dear Sir or Madam:

Enclosed please find one fully executed Form 3X, Report of Receipts and Disbursements for the Post-General Election FEC reporting requirements.

Should you have any questions, please do not hesitate to contact me directly at 201-624-3256.

Very truly yours,

VITAMIN SHOPPE INDUSTRIES INC.

Kerry L. DeBellonia

Enc.

10030504182

RECEIVED

2010 DEC -3 AM 10:29

FEC MAIL CENTER

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

Vitamin Shoppe, Inc. PAC

ADDRESS (number and street) 2101 91st Street

Check if different than previously reported. (ACC) North Bergen NJ 07047

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)

- (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 10/01/2010 through 11/22/2010

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 Michael Archibald

Signature of Treasurer [Signature] Date 12/02/2010

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

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

10030504183

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Vitamin Shoppe, Inc. PAC

Report Covering the Period:

From:

10 ' 01 ' 2010

To:

11 ' 22 ' 2010

10030504184

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1,		10,275.00
(b) Cash on Hand at Beginning of Reporting Period.....	4,275.00	
(c) Total Receipts (from Line 19).....	6,000.00	10,275.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,275.00	10,275.00
7. Total Disbursements (from Line 31).....	0	0
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	10,275.00	10,275.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	

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)

Page 3

Write or Type Committee Name

**Vitamin Shoppe, Inc. PAC**

Report Covering the Period: From:

**10 01 2010**

To:

**11 22 2010**

**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).....

**6,000.00**

**1,0275.00**

(ii) Unitemized.....

**0**

**0**

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

**6,000.00**

**10,275.00**

(b) Political Party Committees.....

**0**

**0**

(c) Other Political Committees (such as PACs).....

**0**

**0**

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

**6,000.00**

**10,275.00**

12. Transfers From Affiliated/Other Party Committees.....

**0**

**0**

13. All Loans Received.....

**0**

**0**

14. Loan Repayments Received.....

**0**

**0**

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

**0**

**0**

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

**0**

**0**

17. Other Federal Receipts (Dividends, Interest, etc.).....

**0**

**0**

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

**0**

**0**

(b) Levin Funds (from Schedule H5).....

**0**

**0**

(c) Total Transfers (add 18(a) and 18(b))..

**0**

**0**

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

**6,000.00**

**10,275.00**

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

**6,000.00**

**10,275.00**

10030504185

**DETAILED SUMMARY PAGE**  
of Disbursements

10030504186

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (use Schedule E) .....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share .....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..		
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....		

**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) .....	6,000.00	10,275.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6,000.00	10,275.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0	0

10030504187

**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	OF
<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)  
**Vitamin Shoppe, Inc. PAC**

A. Full Name (Last, First, Middle Initial) <b>Lavin, ERN</b>		Date of Receipt <b>10 08 2010</b>
Mailing Address <b>2101 91st Street</b>		Amount of Each Receipt this Period <b>50.00</b>
City <b>North Bergen, NJ</b>	State <b>NJ</b> Zip Code <b>07047</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Vitamin Shoppe</b> Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>50.00</b>

B. Full Name (Last, First, Middle Initial) <b>Kirk, John</b>		Date of Receipt <b>10 08 2010</b>
Mailing Address <b>2101 91st Street</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>North Bergen, NJ</b>	State <b>NJ</b> Zip Code <b>07047</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Vitamin Shoppe</b> Occupation <b>CTO</b>		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>250.00</b>

Full Name (Last, First, Middle Initial) <b>Korsak, Joan</b>		Date of Receipt <b>10 08 2010</b>
Mailing Address <b>2101 61st Street</b>		Amount of Each Receipt this Period <b>200.00</b>
City <b>North Bergen, NJ</b>	State <b>NJ</b> Zip Code <b>07047</b>	
FEC ID number of contributing federal political committee. <b>C</b>		
Name of Employer <b>Vitamin Shoppe</b> Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <b>200.00</b>

SUBTOTAL of Receipts This Page (optional).....▶	<b>500.00</b>
TOTAL This Period (last page this line number only).....▶	

10030504188

**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	OF
	<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)  
**Vitamin Shoppe, Inc. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Laforgia COSMO**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
**10 08 2010**

Amount of Each Receipt this Period  
**200.00**

**B.** Full Name (Last, First, Middle Initial)  
**Johnson, Gary**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **200.00**

Date of Receipt  
**10 08 2010**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Tannenbaum, Rich**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  
**10 08 2010**

Amount of Each Receipt this Period  
**250.00**

**SUBTOTAL** of Receipts This Page (optional)..... **650.00**

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

10030504189



**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	OF
<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	

10030504190

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NAME OF COMMITTEE (In Full)  
**Vitamin Shoppe, Inc. PRC**

**A.** Full Name (Last, First, Middle Initial)  
**LOUIS WESS**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **500.00**

Date of Receipt  
**10'08'2010**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**William's JESSICA**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **200.00**

Date of Receipt  
**10'08'2010**

Amount of Each Receipt this Period  
**200.00**

**C.** Full Name (Last, First, Middle Initial)  
**Murray, Robert**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date **100.00**

Date of Receipt  
**10'08'2010**

Amount of Each Receipt this Period  
**100.00**

**SUBTOTAL** of Receipts This Page (optional) **800.00**

**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	OF
<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	

10030504191

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NAME OF COMMITTEE (In Full)  
**Vitamin Shoppe, Inc. PAC**

A. Full Name (Last, First, Middle Initial)  
**Turner, Andrew**

Mailing Address  
**2101 91st Street**

City  
**North Bergen NJ** State  
**NJ** Zip Code  
**07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**10/08/2010**

Amount of Each Receipt this Period  
**100.00**

B. Full Name (Last, First, Middle Initial)  
**Pataiano, Joseph**

Mailing Address  
**2101 91st Street**

City  
**North Bergen NJ** State  
**NJ** Zip Code  
**07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**10/08/2010**

Amount of Each Receipt this Period  
**25.00**

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

Mailing Address  
**2101 91st Street**

City  
**North Bergen NJ** State  
**NJ** Zip Code  
**07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**10/08/2010**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional).....▶ **375.00**

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	OF
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Vitamin Shoppe, Inc. PRC**

Full Name (Last, First, Middle Initial)  
**A. Tony Truesdale**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe**

Occupation  
Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **1,000.00**

Date of Receipt  
**10 '18' 2010**

Amount of Each Receipt this Period  
**1,000.00**

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

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe**

Occupation  
Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt  
**10 '18' 2010**

Amount of Each Receipt this Period  
**100.00**

Full Name (Last, First, Middle Initial)  
**C. Kane, Edward**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe**

Occupation  
Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **100.00**

Date of Receipt  
**10 '18' 2010**

Amount of Each Receipt this Period  
**100.00**

SUBTOTAL of Receipts This Page (optional).....▶  
TOTAL This Period (last page this line number only).....▶

10030504192

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

10030504193

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NAME OF COMMITTEE (In Full)  
**Vitamin Shoppe, Inc. PAC**

A. **Sender, William**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **210 91st Street**  
 City: **North Bergen** State: **NJ** Zip Code: **07047**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Vitamin Shoppe** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **10/18/2010**  
 Amount of Each Receipt this Period: **200.00**

B. **Ripke, Susan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2101 91st Street**  
 City: **North Bergen** State: **NJ** Zip Code: **07047**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Vitamin Shoppe** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **50.00**

Date of Receipt: **10/18/2010**  
 Amount of Each Receipt this Period: **50.00**

C. **Shusman, David**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address: **2101 91st Street**  
 City: **North Bergen** State: **NJ** Zip Code: **07047**  
 FEC ID number of contributing federal political committee: **C**  
 Name of Employer: **Vitamin Shoppe** Occupation:  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date: **200.00**

Date of Receipt: **10/18/2010**  
 Amount of Each Receipt this Period: **200.00**

**SUBTOTAL** of Receipts This Page (optional)..... **450.00**  
**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 OF  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)  
**Vitamin Shoppe, Inc. PAC**

A. Full Name (Last, First, Middle Initial)  
**Weiner, Craig**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**10'18'2010**

Amount of Each Receipt this Period  
**25.00**

B. Full Name (Last, First, Middle Initial)  
**Corenblith, Steve**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**100.00**

Date of Receipt  
**10'18'2010**

Amount of Each Receipt this Period  
**100.00**

C. Full Name (Last, First, Middle Initial)  
**LeBlanc, Renaud (Daniel)**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

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

Name of Employer  
**Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**40.00**

Date of Receipt  
**10'18'2010**

Amount of Each Receipt this Period  
**40.00**

**SUBTOTAL** of Receipts This Page (optional).....▶ **165.00**

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

10030504194

**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 OF

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)  
**Vitamin Shoppe, INC. PAC**

A. Full Name (Last, First, Middle Initial)  
**Kenney, Richard**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**10/18/2010**

Amount of Each Receipt this Period  
**25.00**

B. Full Name (Last, First, Middle Initial)  
**Smith, Kelly**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**25.00**

Date of Receipt  
**10/18/2010**

Amount of Each Receipt this Period  
**25.00**

C. Full Name (Last, First, Middle Initial)  
**Gurzinsky, Joel**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**200.00**

Date of Receipt  
**11/02/2010**

Amount of Each Receipt this Period  
**200.00**

SUBTOTAL of Receipts This Page (optional).....▶ **250.00**

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

10030504195

**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	OF
<input 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)  
**Vitamin Shoppe, INC. PAC**

A. Full Name (Last, First, Middle Initial)  
**DiNomenclcio, Donna**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**11 '02' 2010**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Harris, Teresca**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**10.00**

Date of Receipt  
**11 '02' 2010**

Amount of Each Receipt this Period  
**10.00**

C. Full Name (Last, First, Middle Initial)  
**Shanker-Gold, Allison**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**50.00**

Date of Receipt  
**11 '02' 2010**

Amount of Each Receipt this Period  
**50.00**

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **200.00**

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

10030504196

**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 OF

<input checked="" type="checkbox"/> 1a	<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)  
**Vitamin Shoppe, INC. PAC**

A. Full Name (Last, First, Middle Initial)  
**Britton, Kathy**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **50.00**

Date of Receipt  
**11/02/2010**

Amount of Each Receipt this Period  
**50.00**

B. Full Name (Last, First, Middle Initial)  
**Chafen, Mark**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **25.00**

Date of Receipt  
**11/02/2010**

Amount of Each Receipt this Period  
**25.00**

C. Full Name (Last, First, Middle Initial)  
**McCabe, Stephen**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **125.00**

Date of Receipt  
**11/02/2010**

Amount of Each Receipt this Period  
**125.00**

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

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

**200.00**

10030504197



**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	OF
<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)  
**Vitamin Shoppe, Inc. PNC**

A. Full Name (Last, First, Middle Initial)  
**Ryan, Paul**

Date of Receipt

**11/02/2010**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

Amount of Each Receipt this Period

**50.00**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **50.00**

B. Full Name (Last, First, Middle Initial)  
**Lee, Gerald**

Date of Receipt

**11/02/2010**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

Amount of Each Receipt this Period

**25.00**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **25.00**

C. Full Name (Last, First, Middle Initial)  
**Russo, Tom**

Date of Receipt

**11/02/2010**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

Amount of Each Receipt this Period

**50.00**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify)  Aggregate Year-to-Date **50.00**

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

**125.00**

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

10030504198

**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	OF	
	<input checked="" type="checkbox"/> 10	<input 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)  
**Vitamin Shoppe, Inc. PAC**

A. Full Name (Last, First, Middle Initial)  
**Fulco, Joseph**  
 Mailing Address  
**2101 91st Street**  
 City **North Bergen** State **NJ** Zip Code **07047**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**Vitamin Shoppe** Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**11 ' 08 ' 2010**  
 Amount of Each Receipt this Period  
**50.00**  
 Aggregate Year-to-Date **50.00**

B. Full Name (Last, First, Middle Initial)  
**Morrison, David**  
 Mailing Address  
**2101 91st Street**  
 City **North Bergen** State **NJ** Zip Code **07047**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**Vitamin Shoppe** Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**11 ' 22 ' 2010**  
 Amount of Each Receipt this Period  
**500.00**  
 Aggregate Year-to-Date **50.00**

C. Full Name (Last, First, Middle Initial)  
**Church, Stephanie**  
 Mailing Address  
**2101 91st Street**  
 City **North Bergen** State **NJ** Zip Code **07047**  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer  
**Vitamin Shoppe** Occupation  
 Receipt For:  
 Primary  General  
 Other (specify)

Date of Receipt  
**11 ' 27 ' 2010**  
 Amount of Each Receipt this Period  
**25.00**  
 Aggregate Year-to-Date **25.00**

SUBTOTAL of Receipts This Page (optional) ..... **575.00**  
 TOTAL This Period (last page this line number only) .....

10030504199

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

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

FOR LINE NUMBER:		PAGE	OF
(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)  
**Vitamin Shoppe, Inc. PAC**

A. Full Name (Last, First, Middle Initial)  
**DeMott, Maureen**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

Amount of Each Receipt this Period

**100.00**

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

Name of Employer Occupation  
**Vitamin Shoppe**

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**100.00**

B. Full Name (Last, First, Middle Initial)  
**Balbate, Musab**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

Amount of Each Receipt this Period

**150.00**

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

Name of Employer Occupation  
**Vitamin Shoppe**

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**150.00**

C. Full Name (Last, First, Middle Initial)  
**Sander, James**

Date of Receipt

**11 ' 22 ' 2010**

Mailing Address  
**2101 91st Street**

City State Zip Code  
**North Bergen NJ 07047**

Amount of Each Receipt this Period

**250.00**

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

Name of Employer Occupation  
**Vitamin Shoppe**

Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼  
**250.00**

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

**500.00**

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

10030504200

**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		OF	
<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"/> 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)  
**Vitamin Shoppe, Inc. PAC**

**A.** Full Name (Last, First, Middle Initial)  
**Elliott, Eileen**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **11/22/2010**

Amount of Each Receipt this Period **100.00**

**B.** Full Name (Last, First, Middle Initial)  
**Kasse, Daniel**

Mailing Address  
**2101 91st Street**

City **North Bergen** State **NJ** Zip Code **07047**

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

Name of Employer **Vitamin Shoppe** Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **100.00**

Date of Receipt **11/22/2010**

Amount of Each Receipt this Period **50.00**

**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

**SUBTOTAL** of Receipts This Page (optional).....▶ **150.00**

**TOTAL** This Period (last page this line number only).....▶ **6,000.00**

10030504201

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS**  
 The FEC added this page to the end of this filing to indicate how it was received.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked  
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): *ups* Shipping Date  
*12/2/10*  
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JM D*  
 PREPARER

*12/3/10*  
 DATE PREPARED

10030504202