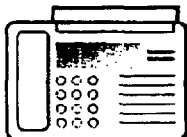


**F A X**

Page 1 of 4



To: Federal Election Commission  
Fax number: 202-219-0174

From: Melaleuca c/o Risch Pisca PLLC  
Fax number: 208-345-9928

Date: 10/28/2012

Regarding:  
Form 5

Phone number for follow-up:  
208-345-9929

**Comments:**

**FEC FORM 5****REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation Metaleuca Inc.		3. FEC Identification Number  C C9001996
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 3910 S. Yellowstone Hwy.		
(c) City, State and ZIP Code Idaho Falls, Idaho 83402		
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only	Name of Employer	Occupation

## 4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report  
☐ July 15 Quarterly Report  
☐ October 15 Quarterly Report  
☐ January 31 Year-End Report
- ☒ 24-Hour Report  
☐ 48-Hour Report

b) Is this Report an amendment? Yes ☐ No ☒

## 5. COVERING PERIOD: FROM

10 27 2012  
 THROUGH  
 10 27 2012

6. TOTAL CONTRIBUTIONS ..... .00

7. TOTAL INDEPENDENT EXPENDITURES ..... .47.32

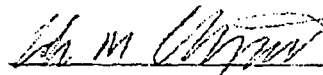
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Cole Clinger



10/28/2012

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530 Local 202-694-1100

SPG021

FEC Schedule 5 (REV. 08/2005)

**SCHEDULE 5-A  
ITEMIZED RECEIPTS**

PAGE 2 OF 2

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 FILER (In Full)

Melaleuca, Inc.

A. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
B. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
C. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
D. Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
SUBTOTAL of Receipts This Page (optional) .....		0.00
TOTAL This Period (last page carry total to Line 6) .....		0.00

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 2 OF 3  
 FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

Melaleuca, Inc.

Full Name (Last, First, Middle Initial) of Payee GoDaddy.com		Date 10 27 2012
Mailing Address 14455 N. Hayden Road, Suite 219		Amount 47.32
City Scottsdale	State AZ	Zip Code 85260
Purpose of Expenditure Website Registration	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure: Mitt Romney		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
(a) SUBTOTAL of Itemized Independent Expenditures.....		47.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....		0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)		47.32

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.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked Delivery Confirmation™ Label <input type="checkbox"/>
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
The document preceding this page was received by FAX at the FEC. The receiving FAX machine has printed at the bottom of each page the date and time of receipt, the phone number of the transmitting machine and the sequential page numbers.	
N/A PREPARER	N/A DATE PREPARED