

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines HERBALIFE PAC

ADDRESS (number and street) 990 West 190th Street Torrance CA 90502

2. FEC IDENTIFICATION NUMBER C00393298 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post -Election Report for the: General, Runoff, Special

5. Covering Period 10 01 2009 through 10 31 2009

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 Richard Goudis

Signature of Treasurer Electronically Filed by Richard Goudis Date 11 18 2009

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 FE6AN026 FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HERBALIFE PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		43833.14
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	50494.78									
(c) Total Receipts (from Line 19) .....	5434.82	67596.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	55929.60	111429.60								
7. Total Disbursements (from Line 31) .....	10739.39	66239.39								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	45190.21	45190.21								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
HERBALIFE PAC

Report Covering the Period: From: 

M	M
1	0

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	0

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	5021.12	54974.24
(ii) Unitemized .....	413.70	12622.22
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	5434.82	67596.46
(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) .....	5434.82	67596.46
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) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (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)) .....	5434.82	67596.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	5434.82	67596.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10739.39	66239.39
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	10739.39	66239.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10739.39	66239.39

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	5434.82	67596.46
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5434.82	67596.46
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC**

<p><b>A.</b> Full Name (Last, First, Middle Initial) Alok Anand</p> <p>Mailing Address 11530 Paramount Blvd. #201</p> <p>City State Zip Code <b>Downey CA 90241</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Herbalife      Occupation: Manager - Global Forecasting</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">210.00</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID: 4485</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">15.00</span></p>
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<p><b>B.</b> Full Name (Last, First, Middle Initial) Hal Apple</p> <p>Mailing Address 1550 Cliftonville Avenue</p> <p>City State Zip Code <b>Los Angeles CA 90025</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Herbalife      Occupation: Creative Director</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">399.98</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 0 9 / 2 0 0 9</span></p> <p><b>Transaction ID: 4420</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">28.57</span></p>
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<p><b>C.</b> Full Name (Last, First, Middle Initial) Hal Apple</p> <p>Mailing Address 1550 Cliftonville Avenue</p> <p>City State Zip Code <b>Los Angeles CA 90025</b></p> <p>FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span></p> <p>Name of Employer: Herbalife      Occupation: Creative Director</p> <p>Receipt For:  <input type="checkbox"/> Primary   <input type="checkbox"/> General  <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ <span style="border: 1px solid black; padding: 2px;">428.55</span></p>	<p>Date of Receipt  <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>  <span style="border: 1px solid black; padding: 2px;">1 0 / 3 0 / 2 0 0 9</span></p> <p><b>Transaction ID: 4486</b></p> <p>Amount of Each Receipt this Period  <span style="border: 1px solid black; padding: 2px;">28.57</span></p>
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<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<span style="border: 1px solid black; padding: 2px;">72.14</span>
<b>TOTAL</b> This Period (last page this line number only) .....	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: <span style="float: right;">PAGE 7 / 39</span>
	(check only one)
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 12
	<input type="checkbox"/> 16
	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Ezra Bejar		Date of Receipt																					
	Mailing Address P O Box 57		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	9		2	0	0	9														
	City State Zip Code Spring Valley CA 90262		<b>Transaction ID:</b> 4421																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Herbalife International Occupation: VP - Scientific Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00		50.00																						

<b>B.</b>	Full Name (Last, First, Middle Initial) Ezra Bejar		Date of Receipt																					
	Mailing Address P O Box 57		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		3	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		3	0		2	0	0	9														
	City State Zip Code Spring Valley CA 90262		<b>Transaction ID:</b> 4487																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Herbalife International Occupation: VP - Scientific Affairs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 700.00		50.00																						

<b>C.</b>	Full Name (Last, First, Middle Initial) Olga Bergstrom		Date of Receipt																					
	Mailing Address 3553 Emerald Street #103		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>0</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	0		0	9		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	1	0		0	9		2	0	0	9														
	City State Zip Code TORRANCE CA 90503		<b>Transaction ID:</b> 4422																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period																						
Name of Employer: Herbalife International Occupation: Director, Internet Marketing Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 333.34		23.81																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>123.81</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

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

FOR LINE NUMBER: PAGE 8 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.** Full Name (Last, First, Middle Initial)  
Olga Bergstrom

Mailing Address 3553 Emerald Street  
#103

City State Zip Code  
TORRANCE CA 90503

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

Name of Employer Occupation  
Herbalife International Director, Internet Marketing

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.15

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4488**

Amount of Each Receipt this Period  
23.81

**B.** Full Name (Last, First, Middle Initial)  
James Berklas

Mailing Address 867 W Mountain Street

City State Zip Code  
Glendale CA 91202

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

Name of Employer Occupation  
Herbalife VP & Asst. Corp. Secretary

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4423**

Amount of Each Receipt this Period  
50.00

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

Mailing Address 867 W Mountain Street

City State Zip Code  
Glendale CA 91202

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

Name of Employer Occupation  
Herbalife VP & Asst. Corp. Secretary

Receipt For:  Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4489**

Amount of Each Receipt this Period  
50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 123.81

**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: <span style="float: right;">PAGE 9 / 39</span>
	(check only one)
<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Giovanni Bohorquez	Date of Receipt
	Mailing Address 11 Pacret Road	<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City State Zip Code RANCHO PALOS VERDE CA 90275	<b>Transaction ID: 4424</b>
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="23.81"/>
	Name of Employer Occupation Herbalife International Director, SAM Distribution Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.34"/>	

<b>B.</b>	Full Name (Last, First, Middle Initial) Giovanni Bohorquez	Date of Receipt
	Mailing Address 11 Pacret Road	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code RANCHO PALOS VERDE CA 90275	<b>Transaction ID: 4490</b>
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="23.81"/>
	Name of Employer Occupation Herbalife International Director, SAM Distribution Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="357.15"/>	

<b>C.</b>	Full Name (Last, First, Middle Initial) Robyn M. Browning	Date of Receipt
	Mailing Address 3847 Hepburn Avenue	<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City State Zip Code Los Angeles CA 90008	<b>Transaction ID: 4425</b>
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="23.81"/>
	Name of Employer Occupation Herbalife Executive Director Family Foundation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="333.34"/>	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="71.43"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robyn M. Browning	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 3847 Hepburn Avenue	<b>Transaction ID:</b> 4491
	City State Zip Code Los Angeles CA 90008	Amount of Each Receipt this Period 23.81
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Herbalife	Occupation Executive Director Family Foundation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.15	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sandra Calloway	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 5709 Carfax Avenue	<b>Transaction ID:</b> 4427
	City State Zip Code Lakewood CA 90713	Amount of Each Receipt this Period 23.81
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Herbalife International	Occupation Dir., Global Customs Ops. Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 333.34	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sandra Calloway	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 5709 Carfax Avenue	<b>Transaction ID:</b> 4493
	City State Zip Code Lakewood CA 90713	Amount of Each Receipt this Period 23.81
	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer Herbalife International	Occupation Dir., Global Customs Ops. Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 357.15	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>71.43</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 11 / 39  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Brett R. Chapman

Mailing Address 5054 Royal Vista Court

City State Zip Code  
Thousand Oaks CA 91362

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

Name of Employer Occupation  
Herbalife International General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1300.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4428**

Amount of Each Receipt this Period  
100.00

**B.**

Full Name (Last, First, Middle Initial)  
Brett R. Chapman

Mailing Address 5054 Royal Vista Court

City State Zip Code  
Thousand Oaks CA 91362

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

Name of Employer Occupation  
Herbalife International General Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4494**

Amount of Each Receipt this Period  
100.00

**C.**

Full Name (Last, First, Middle Initial)  
Bosco Chiu

Mailing Address 990 West 190th Street  
Suite 650

City State Zip Code  
Torrance CA 90502

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

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4429**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **225.00**

**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 12 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bosco Chiu	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 990 West 190th Street Suite 650	<b>Transaction ID:</b> 4495
	City Torrance State CA Zip Code 90502	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mark P. Clark	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 2173 Lake Page Drive	<b>Transaction ID:</b> 4496
	City Collierville State TN Zip Code 38017	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Herbalife International Manager, IT Projects Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 210.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Cristian Dates	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 18316 Hatteras Street No. 15	<b>Transaction ID:</b> 4432
	City Tarzana State CA Zip Code 91356	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Herbalife International Director Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>110.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Cristian Dates	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 18316 Hatteras Street No. 15	<b>Transaction ID: 4498</b>
	City Tarzana State CA Zip Code 91356	Amount of Each Receipt this Period 70.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Herbalife International Occupation Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) John Desimone	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 6100 DeSoto Avenue Apt. 636	<b>Transaction ID: 4433</b>
	City Woodland Hills State CA Zip Code 91367	Amount of Each Receipt this Period 95.24
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Herbalife International Occupation SVP - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1333.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) John Desimone	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 6100 DeSoto Avenue Apt. 636	<b>Transaction ID: 4499</b>
	City Woodland Hills State CA Zip Code 91367	Amount of Each Receipt this Period 95.24
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Herbalife International Occupation SVP - Finance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1428.60	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>260.48</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Edgcombe	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 2320 Gillingham Circle	<b>Transaction ID:</b> 4434
	City State Zip Code Thousand Oaks CA 91362	Amount of Each Receipt this Period 47.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Herbalife International Director, Global Compensation Operatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Edgcombe	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
	Mailing Address 2320 Gillingham Circle	<b>Transaction ID:</b> 4500
	City State Zip Code Thousand Oaks CA 91362	Amount of Each Receipt this Period 47.62
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Herbalife International Director, Global Compensation Operatio	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

<b>C.</b>	Full Name (Last, First, Middle Initial) Richard Goudis	Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
	Mailing Address 26620 Alsace Drive	<b>Transaction ID:</b> 4437
	City State Zip Code Calabasas CA 91302	Amount of Each Receipt this Period 190.48
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Herbalife CFO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2666.72	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	285.72
<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: PAGE 15 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Richard Goudis

Mailing Address 26620 Alsace Drive

City State Zip Code  
Calabasas CA 91302

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

Name of Employer: Herbalife Occupation: CFO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2857.20

Date of Receipt: 10 / 30 / 2009  
Transaction ID: 4503  
Amount of Each Receipt this Period: 190.48

**B.**

Full Name (Last, First, Middle Initial)  
Anthony Granger

Mailing Address 448 West Fairview Blvd.

City State Zip Code  
Inglewood CA 90302

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

Name of Employer: Herbalife International Occupation: Director, Global Transportation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 10 / 09 / 2009  
Transaction ID: 4438  
Amount of Each Receipt this Period: 23.81

**C.**

Full Name (Last, First, Middle Initial)  
Anthony Granger

Mailing Address 448 West Fairview Blvd.

City State Zip Code  
Inglewood CA 90302

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

Name of Employer: Herbalife International Occupation: Director, Global Transportation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.15

Date of Receipt: 10 / 30 / 2009  
Transaction ID: 4504  
Amount of Each Receipt this Period: 23.81

**SUBTOTAL** of Receipts This Page (optional) ..... ► 238.10

**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 16 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

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

Mailing Address 703 North Oakhurst Drive

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Herbalife International Sr. Council Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 538.51

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4439**

Amount of Each Receipt this Period  
76.93

**B.** Full Name (Last, First, Middle Initial)  
Paul R. Greenberg

Mailing Address 703 North Oakhurst Drive

City State Zip Code  
Beverly Hills CA 90210

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

Name of Employer Occupation  
Herbalife International Sr. Council Legal Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 615.44

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4505**

Amount of Each Receipt this Period  
76.93

**C.** Full Name (Last, First, Middle Initial)  
Lance J. Harding

Mailing Address 930 North Doheny Drive #107

City State Zip Code  
West Hollywood CA 90069

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

Name of Employer Occupation  
Herbalife Sr. Director Nutritional Product Licen

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 286.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4440**

Amount of Each Receipt this Period  
22.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **175.86**

**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: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 (check only one)	PAGE 17 / 39
	<input checked="" 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 PAC

**A.**

Full Name (Last, First, Middle Initial) Lance J. Harding		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 930 North Doheny Drive #107		Transaction ID: 4506
City West Hollywood	State CA	Zip Code 90069
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 22.00
Name of Employer Herbalife	Occupation Sr. Director Nutritional Product Licen	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 308.00	

**B.**

Full Name (Last, First, Middle Initial) Edi Hienrich		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 3657 Sapphire Drive		Transaction ID: 4441
City Encino	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.62
Name of Employer HerbaLife International	Occupation VP International Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

**C.**

Full Name (Last, First, Middle Initial) Edi Hienrich		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 3657 Sapphire Drive		Transaction ID: 4507
City Encino	State CA	Zip Code 91436
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 47.62
Name of Employer HerbaLife International	Occupation VP International Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 714.30	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	117.24
<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 18 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.** Full Name (Last, First, Middle Initial)  
Jennifer Hienrich  
Mailing Address 3657 Sapphire Drive

City Encino State CA Zip Code 91436

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

Name of Employer Herbalife International Occupation VP - WW Distributor Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 523.82

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4442**  
 Amount of Each Receipt this Period 47.62

**B.** Full Name (Last, First, Middle Initial)  
Jennifer Hienrich  
Mailing Address 3657 Sapphire Drive

City Encino State CA Zip Code 91436

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

Name of Employer Herbalife International Occupation VP - WW Distributor Services

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 571.44

Date of Receipt: 10 / 30 / 2009  
**Transaction ID: 4508**  
 Amount of Each Receipt this Period 47.62

**C.** Full Name (Last, First, Middle Initial)  
Lenard E. Kasang  
Mailing Address 331 Wisconsin Avenue

City Long Beach State CA Zip Code 90814

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

Name of Employer Herbalife Occupation VP - R&D

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4445**  
 Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 145.24

**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 19 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Lenard E. Kasang

Mailing Address 331 Wisconsin Avenue

City State Zip Code  
Long Beach CA 90814

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

Name of Employer Herbalife Occupation VP - R&D

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 4511

Amount of Each Receipt this Period  
50.00

**B.**

Full Name (Last, First, Middle Initial)  
Lyon Kassab

Mailing Address 1271 Stoner Avenue #205

City State Zip Code  
Los Angeles CA 90025

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

Name of Employer Herbalife International Occupation Sr Dir Sales Stragey

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.94

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 4446

Amount of Each Receipt this Period  
35.71

**C.**

Full Name (Last, First, Middle Initial)  
Lyon Kassab

Mailing Address 1271 Stoner Avenue #205

City State Zip Code  
Los Angeles CA 90025

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

Name of Employer Herbalife International Occupation Sr Dir Sales Stragey

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 535.65

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 4512

Amount of Each Receipt this Period  
35.71

**SUBTOTAL** of Receipts This Page (optional) ..... ► **121.42**

**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 20 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Laura Kebschull

Mailing Address 990 W 190th Street

City Torrance State CA Zip Code 90502

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

Name of Employer Herbalife Occupation Dir - Supply Chain Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4447**  
 Amount of Each Receipt this Period: 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Laura Kebschull

Mailing Address 990 W 190th Street

City Torrance State CA Zip Code 90502

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

Name of Employer Herbalife Occupation Dir - Supply Chain Planning

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt: 10 / 30 / 2009  
**Transaction ID: 4513**  
 Amount of Each Receipt this Period: 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Fumiko Kimura

Mailing Address 4469 Via Marina #209

City Marina Rel Rey State CA Zip Code 90292

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

Name of Employer Herbalife International Occupation Director

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4448**  
 Amount of Each Receipt this Period: 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 75.00

**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 21 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Fumiko Kimura

Mailing Address 4469 Via Marina #209

City Marina Rel Rey State CA Zip Code 90292

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

Name of Employer Herbalife International Occupation Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt MM / DD / YYYY 10 / 30 / 2009

Transaction ID: 4514

Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Yuen Fan Vanita Kwan

Mailing Address 2800 S. Western Avenue #333

City SAN PEDRO State CA Zip Code 90732

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

Name of Employer Herbalife Occupation Sr. Dir - Int'l Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 455.00

Date of Receipt MM / DD / YYYY 10 / 09 / 2009

Transaction ID: 4449

Amount of Each Receipt this Period 35.00

**C.**

Full Name (Last, First, Middle Initial)  
Yuen Fan Vanita Kwan

Mailing Address 2800 S. Western Avenue #333

City SAN PEDRO State CA Zip Code 90732

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

Name of Employer Herbalife Occupation Sr. Dir - Int'l Controller

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 490.00

Date of Receipt MM / DD / YYYY 10 / 30 / 2009

Transaction ID: 4515

Amount of Each Receipt this Period 35.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 95.00

**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 22 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial) John Latini		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
Mailing Address 4733 Villa Marina Way Unit D		<b>Transaction ID:</b> 4451
City Marina del rey	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.33
Name of Employer Herbalife International	Occupation Sr Dir Tax Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 466.62	

**B.**

Full Name (Last, First, Middle Initial) John Latini		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 3 0 / 2 0 0 9
Mailing Address 4733 Villa Marina Way Unit D		<b>Transaction ID:</b> 4517
City Marina del rey	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 33.33
Name of Employer Herbalife International	Occupation Sr Dir Tax Compliance	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.95	

**C.**

Full Name (Last, First, Middle Initial) Margaret Launzel-Pennes		Date of Receipt M M / D D / Y Y Y Y Y 1 0 / 0 9 / 2 0 0 9
Mailing Address 2130 Patricia Avenue		<b>Transaction ID:</b> 4452
City Los Angeles	State CA	Zip Code 90025
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 47.62
Name of Employer Herbalife	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 666.68	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	114.28
<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 23 / 39  
(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
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Margaret Launzel-Pennes

Mailing Address 2130 Patricia Avenue

City State Zip Code  
Los Angeles CA 90025

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

Name of Employer Occupation  
Herbalife Vice President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 714.30

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4518**

Amount of Each Receipt this Period  
47.62

**B.**

Full Name (Last, First, Middle Initial)  
Gary Leemaster

Mailing Address 20901 Gorgovia Street

City State Zip Code  
Woodland Hills CA 91364

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

Name of Employer Occupation  
Herbalife International Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 269.29

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4453**

Amount of Each Receipt this Period  
38.47

**C.**

Full Name (Last, First, Middle Initial)  
Gary Leemaster

Mailing Address 20901 Gorgovia Street

City State Zip Code  
Woodland Hills CA 91364

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

Name of Employer Occupation  
Herbalife International Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 307.76

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4519**

Amount of Each Receipt this Period  
38.47

**SUBTOTAL** of Receipts This Page (optional) ..... ► **124.56**

**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 24 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC

**A.** Full Name (Last, First, Middle Initial)  
Robert Levy  
 Mailing Address 10584 Bradbury Road  
 City State Zip Code  
 Los Angeles CA 90064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife International Sr VP, Americas Operations  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 9  
**Transaction ID: 4454**  
 Amount of Each Receipt this Period  
 200.00

**B.** Full Name (Last, First, Middle Initial)  
Robert Levy  
 Mailing Address 10584 Bradbury Road  
 City State Zip Code  
 Los Angeles CA 90064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife International Sr VP, Americas Operations  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 2800.00

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 3 0 / 2 0 0 9  
**Transaction ID: 4520**  
 Amount of Each Receipt this Period  
 200.00

**C.** Full Name (Last, First, Middle Initial)  
Jonathan C. Liss  
 Mailing Address 242 Market Street  
 City State Zip Code  
 Venice CA 90921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife International Vice President  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 631.56

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 1 0 / 0 9 / 2 0 0 9  
**Transaction ID: 4456**  
 Amount of Each Receipt this Period  
 52.63

**SUBTOTAL** of Receipts This Page (optional) ..... ► 452.63  
**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 25 / 39

(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

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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
Jonathan C. Liss

Mailing Address 242 Market Street

City State Zip Code  
Venice CA 90921

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

Name of Employer Occupation  
Herbalife International Vice President

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 684.19

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 4522

Amount of Each Receipt this Period

52.63

**B.**

Full Name (Last, First, Middle Initial)  
Deborah Lujan

Mailing Address 13709 Grider Avenue

City State Zip Code  
Hawthorne CA 90250

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

Name of Employer Occupation  
Herbalife International Director, Compensation & Benefits

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

Transaction ID: 4457

Amount of Each Receipt this Period

25.00

**C.**

Full Name (Last, First, Middle Initial)  
Deborah Lujan

Mailing Address 13709 Grider Avenue

City State Zip Code  
Hawthorne CA 90250

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

Name of Employer Occupation  
Herbalife International Director, Compensation & Benefits

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

Transaction ID: 4523

Amount of Each Receipt this Period

25.00

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

102.63

**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 26 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.** Full Name (Last, First, Middle Initial)  
Michael W. McKee

Mailing Address 808 Cranebrook Avenue  
#844

City Torrance State CA Zip Code 90503

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

Name of Employer Herbalife International Occupation VP U.S. Sales & Communications

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 538.51

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4458**  
 Amount of Each Receipt this Period: 76.93

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

Mailing Address 808 Cranebrook Avenue  
#844

City Torrance State CA Zip Code 90503

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

Name of Employer Herbalife International Occupation VP U.S. Sales & Communications

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 615.44

Date of Receipt: 10 / 30 / 2009  
**Transaction ID: 4524**  
 Amount of Each Receipt this Period: 76.93

**C.** Full Name (Last, First, Middle Initial)  
Gary Meyer

Mailing Address 2573 Goodview Drive

City Germantown State TN Zip Code 38139

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

Name of Employer Herbalife Occupation Sr Director, Distribution

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 650.00

Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4461**  
 Amount of Each Receipt this Period: 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 203.86

**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 27 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
Gary Meyer

Mailing Address 2573 Goodview Drive

City State Zip Code  
Germantown TN 38139

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

Name of Employer: Herbalife  
Occupation: Sr Director, Distribution

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt: 10 / 30 / 2009  
Transaction ID: 4527  
Amount of Each Receipt this Period: 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Martin Ott

Mailing Address 2594 Armstrong Avenue

City State Zip Code  
Los Angeles CA 90039

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

Name of Employer: Herbalife  
Occupation: Dir-Distributor Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 333.34

Date of Receipt: 10 / 09 / 2009  
Transaction ID: 4464  
Amount of Each Receipt this Period: 23.81

**C.**

Full Name (Last, First, Middle Initial)  
Martin Ott

Mailing Address 2594 Armstrong Avenue

City State Zip Code  
Los Angeles CA 90039

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

Name of Employer: Herbalife  
Occupation: Dir-Distributor Marketing

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 357.15

Date of Receipt: 10 / 30 / 2009  
Transaction ID: 4530  
Amount of Each Receipt this Period: 23.81

**SUBTOTAL** of Receipts This Page (optional) ..... ► 97.62

**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 28 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Bruce J. Peters	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 9903 Santa Monica Blvd. #966	<b>Transaction ID:</b> 4465
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Herbalife Occupation: Sr. VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 640.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Bruce J. Peters	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 9903 Santa Monica Blvd. #966	<b>Transaction ID:</b> 4531
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 80.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer: Herbalife Occupation: Sr. VP Sales Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 720.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) David Pezzullo	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 25936 Vermouth Court	<b>Transaction ID:</b> 4466
	City State Zip Code Stevenson Ranch CA 91381	Amount of Each Receipt this Period 95.24
	FEC ID number of contributing federal political committee. C	
	Name of Employer: HERBALIFE Occupation: Senior VP Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 1333.36	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	255.24
<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 29 / 39  
(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

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 PAC

**A.**

Full Name (Last, First, Middle Initial)  
David Pezzullo

Mailing Address 25936 Vermouth Court

City State Zip Code  
Stevenson Ranch CA 91381

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

Name of Employer Occupation  
HERBALIFE Senior VP Finance

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 1428.60

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4532**

Amount of Each Receipt this Period  
95.24

**B.**

Full Name (Last, First, Middle Initial)  
Alan A Quan

Mailing Address 941 Calle Canta

City State Zip Code  
GLENDALE CA 91208

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

Name of Employer Occupation  
Herbalife Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4467**

Amount of Each Receipt this Period  
25.00

**C.**

Full Name (Last, First, Middle Initial)  
Alan A Quan

Mailing Address 941 Calle Canta

City State Zip Code  
GLENDALE CA 91208

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

Name of Employer Occupation  
Herbalife Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4533**

Amount of Each Receipt this Period  
25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **145.24**

**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 30 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial) William M Rahn		Date of Receipt
Mailing Address 800 W Olympic Blvd Suite 406		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
City	State	Zip Code
Los Angeles	CA	90015
FEC ID number of contributing federal political committee.		Transaction ID: 4468
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Herbalife		<input type="text" value="100.00"/>
Occupation SR VO APAC		
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1300.00"/>	
<input type="checkbox"/> Other (specify) ▼		

**B.**

Full Name (Last, First, Middle Initial) William M Rahn		Date of Receipt
Mailing Address 800 W Olympic Blvd Suite 406		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
City	State	Zip Code
Los Angeles	CA	90015
FEC ID number of contributing federal political committee.		Transaction ID: 4534
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Herbalife		<input type="text" value="100.00"/>
Occupation SR VO APAC		
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="1400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

**C.**

Full Name (Last, First, Middle Initial) J. Silvia Ramirez		Date of Receipt
Mailing Address 23326 Sesame Street		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
City	State	Zip Code
Torrance	CA	90502
FEC ID number of contributing federal political committee.		Transaction ID: 4469
<input type="text" value="C"/>		Amount of Each Receipt this Period
Name of Employer Herbalife International		<input type="text" value="100.00"/>
Occupation Sr. Dir - Distribution Operations		
Receipt For:	Aggregate Year-to-Date	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="500.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="300.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 31 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    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 PAC

**A.** Full Name (Last, First, Middle Initial)  
J. Silvia Ramirez

Mailing Address 23326 Sesame Street

City State Zip Code  
Torrance CA 90502

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

Name of Employer Occupation  
Herbalife International Sr. Dir - Distribution Operations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** 4535

Amount of Each Receipt this Period  
100.00

**B.** Full Name (Last, First, Middle Initial)  
Roxane O. Romans

Mailing Address 3919 Latigo Canyon Road

City State Zip Code  
Malibu CA 90265

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

Name of Employer Occupation  
Herbalife International Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID:** 4471

Amount of Each Receipt this Period  
25.00

**C.** Full Name (Last, First, Middle Initial)  
Roxane O. Romans

Mailing Address 3919 Latigo Canyon Road

City State Zip Code  
Malibu CA 90265

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

Name of Employer Occupation  
Herbalife International Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt  
M M / D D / Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID:** 4537

Amount of Each Receipt this Period  
25.00

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

**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 32 / 39
	<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 PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Patti Sabel	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 522 Hillgreen Drive	<b>Transaction ID: 4472</b>
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Herbalife International VP, Assistant Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Patti Sabel	Date of Receipt MM / DD / YYYY 10 / 30 / 2009
	Mailing Address 522 Hillgreen Drive	<b>Transaction ID: 4538</b>
	City State Zip Code Beverly Hills CA 90212	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Herbalife International VP, Assistant Chief Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Kenneth J. Simon	Date of Receipt MM / DD / YYYY 10 / 09 / 2009
	Mailing Address 3513 Elm Avenue	<b>Transaction ID: 4475</b>
	City State Zip Code Manhattan Beach CA 90266	Amount of Each Receipt this Period 52.63
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Herbalife International Vice President - Worldwide Taxation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 631.56	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>102.63</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 33 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial) Kenneth J. Simon		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 3513 Elm Avenue		Transaction ID: 4541
City Manhattan Beach	State CA	Zip Code 90266
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 52.63
Name of Employer Herbalife International	Occupation Vice President - Worldwide Taxation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 684.19	

**B.**

Full Name (Last, First, Middle Initial) Diane Turpin		Date of Receipt MM / DD / YYYY 10 / 09 / 2009
Mailing Address 257 S. Pickett Street #402		Transaction ID: 4477
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Herbalife International	Occupation Sr. Dir. Gov't Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 455.00	

**C.**

Full Name (Last, First, Middle Initial) Diane Turpin		Date of Receipt MM / DD / YYYY 10 / 30 / 2009
Mailing Address 257 S. Pickett Street #402		Transaction ID: 4543
City Alexandria	State VA	Zip Code 22304
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 35.00
Name of Employer Herbalife International	Occupation Sr. Dir. Gov't Relations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 490.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	122.63
<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 34 / 39  
(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)  
HERBALIFE PAC

**A.**

Full Name (Last, First, Middle Initial)  
John P. Venardos

Mailing Address 448 32nd Street

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer Occupation  
Herbalife International VP W.W. Regulatory & Gov't Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 533.40

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4478**

Amount of Each Receipt this Period  
38.10

**B.**

Full Name (Last, First, Middle Initial)  
John P. Venardos

Mailing Address 448 32nd Street

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer Occupation  
Herbalife International VP W.W. Regulatory & Gov't Affairs

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 571.50

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 3 0 / 2 0 0 9

**Transaction ID: 4544**

Amount of Each Receipt this Period  
38.10

**C.**

Full Name (Last, First, Middle Initial)  
Timothy M. Waters

Mailing Address 2400 Harriman Lane

City State Zip Code  
Redonodo Beach CA 90278

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

Name of Employer Occupation  
Herbalife International Sr. Director, Pricing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 666.68

Date of Receipt  
M M / D D / Y Y Y Y Y  
1 0 / 0 9 / 2 0 0 9

**Transaction ID: 4480**

Amount of Each Receipt this Period  
47.62

**SUBTOTAL** of Receipts This Page (optional) ..... ► **123.82**

**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 35 / 39
	(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)  
HERBALIFE PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Timothy M. Waters		Date of Receipt
	Mailing Address 2400 Harriman Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Redonodo Beach	CA	90278
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4546
Name of Employer Herbalife International		Occupation Sr. Director, Pricing	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="714.30"/>	<input type="text" value="47.62"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) Andrew Weisel		Date of Receipt
	Mailing Address 16857 Roosevelt Lane		<input type="text" value="10"/> / <input type="text" value="09"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Huntington Beach	CA	92649
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4481
Name of Employer Herbalife		Occupation Dir -Strategic Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="666.68"/>	<input type="text" value="47.62"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Andrew Weisel		Date of Receipt
	Mailing Address 16857 Roosevelt Lane		<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City	State	Zip Code
	Huntington Beach	CA	92649
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> 4547
Name of Employer Herbalife		Occupation Dir -Strategic Services	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text" value="714.30"/>	<input type="text" value="47.62"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="142.86"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 36 / 39  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.** Full Name (Last, First, Middle Initial)  
Richard Yamashita  
 Mailing Address 10737 Kelmore Street  
 City State Zip Code  
 Culver City CA 90230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife International VP, Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 566.72  
 Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4482**  
 Amount of Each Receipt this Period 40.48

**B.** Full Name (Last, First, Middle Initial)  
Richard Yamashita  
 Mailing Address 10737 Kelmore Street  
 City State Zip Code  
 Culver City CA 90230  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife International VP, Treasurer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 607.20  
 Date of Receipt: 10 / 30 / 2009  
**Transaction ID: 4548**  
 Amount of Each Receipt this Period 40.48

**C.** Full Name (Last, First, Middle Initial)  
Thomas Zimmer  
 Mailing Address 4911 Avenida Osiaste  
 City State Zip Code  
 Tarzana CA 91356  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Herbalife SVP & Managing Director - NA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1333.36  
 Date of Receipt: 10 / 09 / 2009  
**Transaction ID: 4483**  
 Amount of Each Receipt this Period 95.24

**SUBTOTAL** of Receipts This Page (optional) ..... ► 176.20  
**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 37 / 39	
	(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"/> 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 PAC
--

<b>A.</b>	Full Name (Last, First, Middle Initial) Thomas Zimmer	Date of Receipt
	Mailing Address 4911 Avenida Osiaste	<input type="text" value="10"/> / <input type="text" value="30"/> / <input type="text" value="2009"/>
	City State Zip Code Tarzana CA 91356	<b>Transaction ID:</b> 4549
	FEC ID number of contributing federal political committee. <input type="text" value="C"/>	Amount of Each Receipt this Period <input type="text" value="95.24"/>
	Name of Employer Occupation HerbaLife SVP & Managing Director - NA	
	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="1428.60"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="95.24"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text" value="5021.12"/>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

A.	Full Name (Last, First, Middle Initial) CONGRESSMAN JOE BARTON COMMITTEE, THE	Transaction ID: 4415 Date of Disbursement
	Mailing Address P.O. Box 1444	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Ennis State TX Zip Code 75120	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="1500.00"/>
	Candidate Name JOE LINUS BARTON	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) HATCH ELECTION COMMITTEE INC	Transaction ID: 4414 Date of Disbursement
	Mailing Address 175 SOUTH WEST TEMPLE SUITE 650	<input type="text" value="10"/> <input type="text" value="05"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City SALT LAKE CITY State UT Zip Code 84101	Amount of Each Disbursement this Period
	Purpose of Disbursement	<input type="text" value="5000.00"/>
	Candidate Name ORRIN G HATCH	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: UT District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Herbalife International of America, Inc.	Transaction ID: 4416 Date of Disbursement
	Mailing Address 990 West 190th Street Suite 650	<input type="text" value="10"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Torrance State CA Zip Code 90502	Amount of Each Disbursement this Period
	Purpose of Disbursement Reimbursement of staff time for fundrais	<input type="text" value="1739.39"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<input type="text" value="8239.39"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

**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)

PAGE 39 / 39

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HERBALIFE PAC

**A.** Full Name (Last, First, Middle Initial)  
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City State Zip Code  
SALT LAKE CITY UT 84101

Purpose of Disbursement  
Reimbursement of staff time for fundrais

Candidate Name  
ORRIN G HATCH

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: UT District:

Transaction ID: 4417

Date of Disbursement

10 / 16 / 2009

Amount of Each Disbursement this Period

1739.39

[MEMO ITEM]

**B.** Full Name (Last, First, Middle Initial)  
STUPAK FOR CONGRESS

Mailing Address 817 Ninth Avenue P.O. Box 156  
PO BOX 143

City State Zip Code  
Menominee MI 49858

Purpose of Disbursement

Candidate Name  
BART STUPAK

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: MI District: 01

Transaction ID: 4413

Date of Disbursement

10 / 02 / 2009

Amount of Each Disbursement this Period

2500.00

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

2500.00

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

10739.39