

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.
VITAMIN SHOPPE INC PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on in the State of

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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 Brenda Galgano

Signature of Treasurer Brenda Galgano [Electronically Filed] Date 07 / 31 / 2013

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

VITAMIN SHOPPE INC PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>	<input type="text" value="19338.00"/>	<input type="text" value="19338.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19338.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9695.00"/>	<input type="text" value="9695.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="29033.00"/>	<input type="text" value="29033.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="29033.00"/>	<input type="text" value="29033.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

VITAMIN SHOPPE INC PAC

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2013 To: M M / D D / Y Y Y Y 06 / 30 / 2013

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).....	9250.00	9250.00
(ii) Unitemized	445.00	445.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9695.00	9695.00
(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)	9695.00	9695.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	9695.00	9695.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9695.00	9695.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	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.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0.00	0.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	0.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9695.00	9695.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9695.00	9695.00
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: (check only one)	PAGE 6 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
VITAMIN SHOPPE INC PAC

A. Michael Becker
Full Name (Last, First, Middle Initial)

Mailing Address 2101 91st Street

City North Bergen State NJ Zip Code 07047

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

Name of Employer Vitamin Shoppe Industries Inc. Occupation Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4323

Amount of Each Receipt this Period
 1000.00

B. John Edmondson
Full Name (Last, First, Middle Initial)

Mailing Address 2101 91st Street

City North Bergen State NJ Zip Code 07047

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

Name of Employer Vit Shoppe Occupation Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4324

Amount of Each Receipt this Period
 400.00

C. David Edwab
Full Name (Last, First, Middle Initial)

Mailing Address 2101 91st Street

City North Bergen State NJ Zip Code 07047

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

Name of Employer Vit Shoppe Board Member Occupation Board

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 30 / 2013

Transaction ID : SA11AI.4326

Amount of Each Receipt this Period
 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	2400.00
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 7 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VITAMIN SHOPPE INC PAC

Full Name (Last, First, Middle Initial) A. Jean Frydman		Date of Receipt MM / DD / YYYY 04 / 11 / 2013 Transaction ID : SA11AI.4299
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 500.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee. C	Name of Employer Vitamin Shoppe Industries Inc.	Occupation VP, General Counsel & Corp Secretary
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. Brenda Galgano		Date of Receipt MM / DD / YYYY 04 / 30 / 2013 Transaction ID : SA11AI.4325
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 400.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee. C	Name of Employer Vitamin Shoppe Industries Inc.	Occupation CFO
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Doug Henson		Date of Receipt MM / DD / YYYY 04 / 26 / 2013 Transaction ID : SA11AI.4322
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 350.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee. C	Name of Employer Vit Shoppe	Occupation SVP-Retail Operations
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional).....▶	1250.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VITAMIN SHOPPE INC PAC

Full Name (Last, First, Middle Initial) A. Doug Jones		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 Transaction ID : SA11AI.4312
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 300.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee.	C	
Name of Employer Vitamin Shoppe Industries Inc.	Occupation VP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) B. John Kirk		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2013 Transaction ID : SA11AI.4313
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 300.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee.	C	
Name of Employer Vitamin Shoppe Industries Inc.	Occupation CIO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) C. Richard Markee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 04 / 30 / 2013 Transaction ID : SA11AI.4327
Mailing Address 2101 91st Street		Amount of Each Receipt this Period 1000.00
City North Bergen	State NJ	Zip Code 07047
FEC ID number of contributing federal political committee.	C	
Name of Employer Vitamin Shoppe Industries Inc.	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

SUBTOTAL of Receipts This Page (optional).....▶	1600.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 10
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
VITAMIN SHOPPE INC PAC

Full Name (Last, First, Middle Initial) A. David Morrison		Date of Receipt
Mailing Address 2101 91st Street		<input type="text" value="03"/> / <input type="text" value="19"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Bergen	NJ	07047
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4297
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="500.00"/>
Name of Employer	Occupation	
Vitamin Shoppe Industries Inc.	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="500.00"/>	

Full Name (Last, First, Middle Initial) B. Teresa Orth		Date of Receipt
Mailing Address 2101 91st Street		<input type="text" value="04"/> / <input type="text" value="24"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Bergen	NJ	07047
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4317
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Vit Shoppe	Sr VP-HR	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

Full Name (Last, First, Middle Initial) C. Jason Scheffer		Date of Receipt
Mailing Address 2101 91st Street		<input type="text" value="05"/> / <input type="text" value="21"/> / <input type="text" value="2013"/>
City	State	Zip Code
North Bergen	NJ	07047
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4328
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="250.00"/>
Name of Employer	Occupation	
Vitamin Shoppe Industries Inc.	VP	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="250.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTAL 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 OF 10
	<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)
VITAMIN SHOPPE INC PAC

A. Anthony Truesdale
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 91st Street
 City North Bergen State NJ Zip Code 07047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vitamin Shoppe Industries Inc. Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 09 / 2013
Transaction ID : SA11AI.4298
 Amount of Each Receipt this Period
 2000.00

B. Joseph Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 91st Street
 City North Bergen State NJ Zip Code 07047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vitamin Shoppe Industries Inc. Occupation VP Corporate Brand & Product Strategy
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.4300
 Amount of Each Receipt this Period
 500.00

C. Louis Weiss
 Full Name (Last, First, Middle Initial)
 Mailing Address 2101 91st Street
 City North Bergen State NJ Zip Code 07047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vitamin Shoppe Industries Inc. Occupation VP
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2013
Transaction ID : SA11AI.4301
 Amount of Each Receipt this Period
 500.00

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	9250.00