

HAND DELIVERED

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2014 JUL 15 PM 4:46

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

ADDRESS (number and street) PO BOX 9606

Check if different than previously reported. (ACC) MISSION HILLS CA 91346

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00410654

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, Termination Report

(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)

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

Election on [MM/DD/YYYY] in the State of []

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

Election on [MM/DD/YYYY] in the State of []

5. Covering Period 04/01/2014 through 06/30/2014

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 JOHN WILSON

Signature of Treasurer [Signature] Date 07/09/2014

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)

Page 2

Write or Type Committee Name

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE 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="2014"/> | <input type="text" value=""/> | <input type="text" value="21220.46"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="15821.46"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="10998.50"/> | <input type="text" value="20599.50"/> |
| (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="26819.96"/> | <input type="text" value="41819.96"/> |
| 7. Total Disbursements (from Line 31) | <input type="text" value="13000.00"/> | <input type="text" value="28000.00"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) | <input type="text" value="13819.96"/> | <input type="text" value="13819.96"/> |
| 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)

Page 3

Write or Type Committee Name

PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

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

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)..... | 6815.00 | 10625.00 |
| (ii) Unitemized | 4183.50 | 9974.50 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 10998.50 | 20599.50 |
| (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) | 10998.50 | 20599.50 |
| 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)).....▶ | 10998.50 | 20599.50 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 10998.50 | 20599.50 |

DETAILED SUMMARY PAGE
of Disbursements

| II. Disbursements | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures: | | |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) Non-Federal Share..... | 0.00 | 0.00 |
| (b) Other Federal Operating Expenditures | 0.00 | 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..... | 13000.00 | 28000.00 |
| 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)).. | 13000.00 | 28000.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 13000.00 | 28000.00 |

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) | 10998.50 | 20599.50 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 10998.50 | 20599.50 |
| 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 |

FEDERAL ELECTION COMMISSION

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

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

FOR LINE NUMBER: PAGE 6 OF 20

(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 |

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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | |
|---|-------------------------------------|---|
| Full Name (Last, First, Middle Initial) A. Connie Barry | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 |
| Mailing Address 21152 Chatsworth Street | | Transaction ID : SA11AI.6850 |
| City Chatsworth | State CA | Zip Code 91311 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 600.00 |
| Name of Employer Pharmavite LLC | Occupation Chairman | payroll deduction \$ 100 semi-monthly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 1200.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) B. Dawn M. Batey | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 |
| Mailing Address 5309 Butterfield Street | | Transaction ID : SA11AI.6851 |
| City Camarillo | State CA | Zip Code 93017 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 210.00 |
| Name of Employer Pharmavite, LLC | Occupation Director, Human Resources | payroll deduction \$ 35 semi-monthly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 420.00 | |

| | | |
|---|---|---|
| Full Name (Last, First, Middle Initial) C. Christopher Bauer | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 |
| Mailing Address 23307 W. Bocana Street | | Transaction ID : SA11AI.6852 |
| City Malibu | State CA | Zip Code 90265 |
| FEC ID number of contributing federal political committee. C | | Amount of Each Receipt this Period 160.00 |
| Name of Employer Pharmavite, LLC | Occupation Director of Lean Enterprise | payroll deduction \$ 20 semi-monthly |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 280.00 | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 970.00 |
| 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 7 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Brian R. Beams | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6853 | |
| Mailing Address 5972 Saint Laurent Drive | | Amount of Each Receipt this Period 300.00 payroll deduction \$ 50 semi-monthly | |
| City Agoura Hills | State CA | Zip Code 91301 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite, LLC | Occupation VP, ITS | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |
| Full Name (Last, First, Middle Initial) B. Paul R. Bolar | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6855 | |
| Mailing Address 16258 Keeker Drive | | Amount of Each Receipt this Period 150.00 payroll deduction \$ 25 semi-monthly | |
| City Granada Hills | State CA | Zip Code 91344 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite LLC | Occupation VP, Regulatory Affairs | | |
| 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. James R. Brooks | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6861 | |
| Mailing Address 14937 Henderson Avenue | | Amount of Each Receipt this Period 300.00 payroll deduction \$ 65 semi-monthly | |
| City Bakersfield | State CA | Zip Code 93314 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite, LLC | Occupation Vice President, Science & Technology | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 600.00 | | |
| SUBTOTAL of Receipts This Page (optional)..... | | 750.00 | |
| TOTAL This Period (last page this line number only)..... | | 750.00 | |

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

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

FOR LINE NUMBER: PAGE 8 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | | |
|---|--|--|--|
| Full Name (Last, First, Middle Initial) A. Lance Buchanan | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6862 | |
| Mailing Address 653 Banbury Street | | Amount of Each Receipt this Period 175.00 payroll deduction \$ 25 semi-monthly | |
| City Auburn State AL Zip Code 36832 | FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pharmavite, LLC Occupation Director, Operations | Aggregate Year-to-Date ▼ 325.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) B. Christine Burdick-Bell | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6864 | |
| Mailing Address 17315 Osborne Street | | Amount of Each Receipt this Period 300.00 payroll deduction \$ 25 semi-monthly | |
| City Northridge State CA Zip Code 91325 | FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pharmavite LLC Occupation Vice President & Counsel, Legal Affairs | Aggregate Year-to-Date ▼ 600.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| Full Name (Last, First, Middle Initial) C. Lise Kai Cacho-Negrete | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6865 | |
| Mailing Address 3828 Hillway Drive | | Amount of Each Receipt this Period 150.00 payroll deduction \$ 25 semi-monthly | |
| City Glendale State CA Zip Code 91208 | FEC ID number of contributing federal political committee. C | | |
| Name of Employer Pharmavite, LLC Occupation DVO, Organizational Development | Aggregate Year-to-Date ▼ 300.00 | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |
| SUBTOTAL of Receipts This Page (optional)..... ▶ | | 625.00 | |
| TOTAL This Period (last page this line number only)..... ▶ | | 625.00 | |

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

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

FOR LINE NUMBER: PAGE 9 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A. Maria Victoria Edwards

Full Name (Last, First, Middle Initial)
Mailing Address 286 N. Madison Avenue #104

City Pasadena State CA Zip Code 91101

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

Name of Employer Pharmavite, LLC Occupation Director, Purchasing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.6877
Amount of Each Receipt this Period **150.00**
payroll deduction \$ 25 semi-monthly

B. Brad Greiner

Full Name (Last, First, Middle Initial)
Mailing Address 6769 Twisted Oak Drive

City Castle Rock State CO Zip Code 80108

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

Name of Employer Pharmavite, LLC Occupation Director of Sales Natural Channel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.6884
Amount of Each Receipt this Period **150.00**
payroll deduction \$ 25 semi-monthly

C. Josephine T. Hauseman

Full Name (Last, First, Middle Initial)
Mailing Address 14301 Poplar Court

City New Buffalo State MI Zip Code 49117

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

Name of Employer Pharmavite, LLC Occupation Director, National Accounts

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **240.00**

Date of Receipt **06 / 30 / 2014**
Transaction ID : SA11AI.6886
Amount of Each Receipt this Period **120.00**
payroll deduction \$ 20 semi-monthly

SUBTOTAL of Receipts This Page (optional)..... **420.00**

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

FORM 3X (REV. 12/2013)

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

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

FOR LINE NUMBER: PAGE 10 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A. Leslie O. Hine

Full Name (Last, First, Middle Initial)
Mailing Address 10700 Wilshire Boulevard
#502

| | | |
|---------------------|-------------|-------------------|
| City Los Angeles | State CA | Zip Code 90024 |
|---------------------|-------------|-------------------|

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

| | |
|-------------------------------------|-----------------------------------|
| Name of Employer Pharmavite, LLC | Occupation Chief Sales Officer |
|-------------------------------------|-----------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.6888

Amount of Each Receipt this Period
150.00
payroll deduction \$ 25 semi-monthly

B. Doug Jones

Full Name (Last, First, Middle Initial)
Mailing Address 4440 Morella Avenue

| | | |
|------------------------|-------------|------------------------|
| City Valley Village | State CA | Zip Code 91607-4125 |
|------------------------|-------------|------------------------|

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

| | |
|------------------------------------|--------------------------------|
| Name of Employer Pharmavite LLC | Occupation Public Relations |
|------------------------------------|--------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 30 / 2014
Transaction ID : SA11AI.6893

Amount of Each Receipt this Period
150.00
payroll deduction \$ 25 semi-monthly

C. Richard Khojayan

Full Name (Last, First, Middle Initial)
Mailing Address 543 W. Stocker Street
Unit 1

| | | |
|----------------|-------------|-------------------|
| City Irvine | State CA | Zip Code 92602 |
|----------------|-------------|-------------------|

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

| | |
|-------------------------------------|-------------------------------|
| Name of Employer Pharmavite, LLC | Occupation Project Manager |
|-------------------------------------|-------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
MM / DD / YYYY
06 / 05 / 2014
Transaction ID : SA11AI.6840

Amount of Each Receipt this Period
300.00

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| 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 11 OF 20 | |
| | <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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | | | |
|---|-------------|--|---|--|
| Full Name (Last, First, Middle Initial) A. John Lien | | | Date of Receipt MM / DD / YYYY 06 / 03 / 2014 Transaction ID : SA11AI.6839 | |
| Mailing Address 9420 Hargis Street | | | Amount of Each Receipt this Period 300.00 | |
| City Los Angeles | State CA | Zip Code 90034 | | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Pharmavite, LLC | | Occupation Senior Corporate Counsel | | |
| 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. Robert V. McQuillan | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6906 | |
| Mailing Address 865 Buckingham Cove Road | | | Amount of Each Receipt this Period 150.00 payroll deduction \$ 25 semi-monthly | |
| City Severna Park | State MD | Zip Code 21146 | | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Pharmavite, LLC | | Occupation Divisional 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) C. Jennifer Murasky | | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6914 | |
| Mailing Address 6852 Hazeltop Court | | | Amount of Each Receipt this Period 180.00 payroll deduction \$ 30 semi-monthly | |
| City Moorpark | State CA | Zip Code 93021 | | |
| FEC ID number of contributing federal political committee. C | | | | |
| Name of Employer Pharmavite LLC | | Occupation Indirect Procurement Manager | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | Aggregate Year-to-Date ▼ 360.00 | | |

| | |
|---|--------|
| SUBTOTAL of Receipts This Page (optional)..... | 630.00 |
| 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 OF 20 | | | | | | |
| <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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | | |
|---|-----------------------------------|---|--|
| Full Name (Last, First, Middle Initial) A. Ailicia M. New | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 | |
| Mailing Address 600 W. Meadow Street Suite 210 | | Transaction ID : SA11AI.6916 | |
| City Fayetteville | State AR | Zip Code 72701 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | payroll deduction \$ 25 semi-monthly | |
| Name of Employer Pharmavite, LLC | Occupation Key Account Manager | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) B. Steve Poswillo | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 | |
| Mailing Address 26202 Fairside Drive | | Transaction ID : SA11AI.6922 | |
| City Malibu | State CA | Zip Code 90265 | Amount of Each Receipt this Period 300.00 |
| FEC ID number of contributing federal political committee. C | | payroll deduction \$ 50 semi-monthly | |
| Name of Employer Pharmavite LLC | Occupation Director, Sales Planning | Aggregate Year-to-Date ▼ 600.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | | | |
|---|--|---|--|
| Full Name (Last, First, Middle Initial) C. Carolyn Sabatini | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 | |
| Mailing Address 11904 Cherokee Lane | | Transaction ID : SA11AI.6927 | |
| City Leawood | State KS | Zip Code 66209 | Amount of Each Receipt this Period 150.00 |
| FEC ID number of contributing federal political committee. C | | payroll deduction \$ 25 semi-monthly | |
| Name of Employer Pharmavite LLC | Occupation Director, Government Relations | Aggregate Year-to-Date ▼ 300.00 | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | | |

| | |
|--|--------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 600.00 |
| 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 13 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A. Robert P. Schwartz

Full Name (Last, First, Middle Initial)
Mailing Address 21926 Toscana Drive

City Chatsworth State CA Zip Code 91311

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

Name of Employer Pharmavite, LLC Occupation Exec. Vice President Human Resources

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.6931

Amount of Each Receipt this Period 300.00
payroll deduction \$ 50 semi-monthly

B. Timothy Toll

Full Name (Last, First, Middle Initial)
Mailing Address 46 Rose Lane

City Glen Mills State PA Zip Code 19342

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

Name of Employer Pharmavite, LLC Occupation Executive Vice President, Sales

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.6938

Amount of Each Receipt this Period 300.00
payroll deduction \$ 50 semi-monthly

C. Mark Walsh

Full Name (Last, First, Middle Initial)
Mailing Address 11084 Mann Court

City Moorpark State CA Zip Code 93021

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

Name of Employer Pharmavite LLC Occupation Chief Operating Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1800.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.6951

Amount of Each Receipt this Period 900.00
payroll deduction \$ 150 semi-monthly

SUBTOTAL of Receipts This Page (optional).....▶ 1500.00

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 14 OF 20

(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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | | |
|---|---|--|--|
| Full Name (Last, First, Middle Initial) A. Bryan White | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6943 | |
| Mailing Address 5440 Tujunga Avenue Apt. 1104 | | Amount of Each Receipt this Period 150.00 payroll deduction \$25 semi-monthly | |
| City North Hollywood | State CA | Zip Code 91601 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite, LLC | Occupation Brand Manager | | |
| 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. Barbara Whitmore | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6944 | |
| Mailing Address 21566 Awbrey Place | | Amount of Each Receipt this Period 150.00 payroll deduction \$ 25 semi-monthly | |
| City Ashburn | State VA | Zip Code 20148 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite LLC | Occupation Director, Sales National Accounts | | |
| 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. Michael Williams | | Date of Receipt MM / DD / YYYY 06 / 30 / 2014 Transaction ID : SA11AI.6945 | |
| Mailing Address 28253 Canyon Crest Drive | | Amount of Each Receipt this Period 120.00 payroll deduction \$ 20 semi-monthly | |
| City Santa Clarita | State CA | Zip Code 91351 | |
| FEC ID number of contributing federal political committee. | | [C] | |
| Name of Employer Pharmavite LLC | Occupation Director, Logistics | | |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼ 240.00 | | |
| SUBTOTAL of Receipts This Page (optional)..... | | 420.00 | |
| TOTAL This Period (last page this line number only)..... | | 420.00 | |

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

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

FOR LINE NUMBER: PAGE 15 OF 20
(check only one)

11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

A. Full Name (Last, First, Middle Initial)
Rosalinda N. Wright

Mailing Address 29111 Summer Oak Court

City Saugus State CA Zip Code 91390

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

Name of Employer Pharmavite LLC Occupation VP, Executive Staff, Asst. to CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 06 / 30 / 2014
Transaction ID : SA11AI.6947

Amount of Each Receipt this Period 300.00
payroll deduction \$ 50 semi-monthly

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ 300.00

TOTAL This Period (last page this line number only).....▶ 6815.00

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

| | | | | | | |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 16 OF 20 | | | |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b |

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NAME OF COMMITTEE (In Full)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) A. ENZI FOR US SENATE | | Date of Disbursement MM / DD / YYYY 04 / 08 / 2014 |
| Mailing Address PO BOX 2775 | | Transaction ID : SB23.6823 |
| City CODY | State WY | Zip Code 82414 |
| Purpose of Disbursement contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name MICHAEL B ENZI | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WY District: 00 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. FRIENDS OF JASON CHAFFETZ | | Date of Disbursement MM / DD / YYYY 04 / 02 / 2014 |
| Mailing Address 175 S. West Temple Suite 650 | | Transaction ID : SB23.6818 |
| City Salt Lake City | State UT | Zip Code 84101 |
| Purpose of Disbursement contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name JASON CHAFFETZ | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: UT District: 03 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. FRIENDS OF SESSIONS SENATE COMMITTEE INC | | Date of Disbursement MM / DD / YYYY 06 / 12 / 2014 |
| Mailing Address P O BOX 4278 | | Transaction ID : SB23.6829 |
| City MONTGOMERY | State AL | Zip Code 36103 |
| Purpose of Disbursement contribution | | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name JEFF SESSIONS | Category/Type | |
| Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: AL District: 00 | | |

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 3000.00 |
| TOTAL This Period (last page this line number only).....▶ | |

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

Full Name (Last, First, Middle Initial)

A. GEORGIANS FOR ISAKSON

Mailing Address POST OFFICE BOX 250116

City ATLANTA State GA Zip Code 30325

Purpose of Disbursement contribution

Candidate Name
JOHN HARDY ISAKSON

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: GA District: 00

Date of Disbursement

MM / DD / YYYY
04 / 04 / 2014

Transaction ID : SB23.6821

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. HAGAN FOR US SENATE INC

Mailing Address PO BOX 29103

City GREENSBORO State NC Zip Code 27429

Purpose of Disbursement contribution

Candidate Name
KAY R HAGAN

Office Sought: House Senate President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NC District: 00

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2014

Transaction ID : SB23.6830

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ORRINPAC

Mailing Address 175 S. WEST TEMPLE SUITE 650

City SALT LAKE CITY State UT Zip Code 84101

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2014

Transaction ID : SB23.6819

Amount of Each Disbursement this Period

1000.00

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

3000.00

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

3000.00

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

| | | | | | | | | |
|---|--------------------------------------|------------------------------------|---|------------------------------------|-----------------------------------|------------------------------------|--|--|
| Use separate schedule(s) for each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one) | | PAGE 18 OF 20 | | | | | |
| | <input type="checkbox"/> 21b 27 | <input type="checkbox"/> 22 28a | <input checked="" type="checkbox"/> 23 28b | <input type="checkbox"/> 24 28c | <input type="checkbox"/> 25 29 | <input type="checkbox"/> 26 30b | | |

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NAME OF COMMITTEE (In Full)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. PEOPLE FOR PATTY MURRAY U S SENATE CAMPAIGN | | Date of Disbursement MM / DD / YYYY 04 / 04 / 2014 |
| Mailing Address PO BOX 3662 | | Transaction ID : SB23.6822 |
| City SEATTLE | State WA | |
| Zip Code 98124 | Purpose of Disbursement contribution | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name PATTY MURRAY | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2016 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: WA District: 00 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) B. RENEE ELLMERS FOR CONGRESS COMMITTEE | | Date of Disbursement MM / DD / YYYY 06 / 13 / 2014 |
| Mailing Address PO BOX 99567 | | Transaction ID : SB23.6833 |
| City RALEIGH | State NC | |
| Zip Code 27624 | Purpose of Disbursement contribution | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name RENEE JACISIN ELLMERS | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: NC District: 02 | | |

| | | |
|--|--|--|
| Full Name (Last, First, Middle Initial) C. SHERMAN FOR CONGRESS | | Date of Disbursement MM / DD / YYYY 04 / 15 / 2014 |
| Mailing Address 555 SOUTH FLOWER STREET SUITE 4510 | | Transaction ID : SB23.6828 |
| City LOS ANGELES | State CA | |
| Zip Code 90071 | Purpose of Disbursement contribution | Amount of Each Disbursement this Period 1000.00 |
| Candidate Name BRAD SHERMAN | Category/ Type | |
| Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: CA District: 27 | | |

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

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

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

FOR LINE NUMBER:
(check only one)

PAGE 19 OF 20

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

Full Name (Last, First, Middle Initial)

A. TIM SCOTT FOR SENATE

Mailing Address 1405 ASHLEY RIVER ROAD

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 06 | 13 | 2014 |

City State Zip Code
CHARLESTON SC 29407

Transaction ID : SB23.6834

Purpose of Disbursement
contribution

Amount of Each Disbursement this Period

Candidate Name
TIMOTHY E SCOTT

Category/
Type

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

State: SC District: 00

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. TO ORGANIZE A MAJORITY PAC (TOMPAC)

Mailing Address P.O. BOX 752

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 04 | 10 | 2014 |

City State Zip Code
DES MOINES IA 50303

Transaction ID : SB23.6826

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. TO ORGANIZE A MAJORITY PAC (TOMPAC)

Mailing Address P.O. BOX 752

Date of Disbursement

| | | |
|----|----|------|
| MM | DD | YYYY |
| 06 | 17 | 2014 |

City State Zip Code
DES MOINES IA 50303

Transaction ID : SB23.6835

Purpose of Disbursement
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

| |
|---------|
| 1000.00 |
|---------|

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

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

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

| |
|---------|
| 3000.00 |
|---------|

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

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

FOR LINE NUMBER:
(check only one)

| | | | | | |
|------------------------------|------------------------------|--|------------------------------|-----------------------------|------------------------------|
| <input type="checkbox"/> 21b | <input type="checkbox"/> 22 | <input checked="" type="checkbox"/> 23 | <input type="checkbox"/> 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)
PHARMAVITE LLC POLITICAL ACTION COMMITTEE (PHARMAVITE PAC)

Full Name (Last, First, Middle Initial)

A. VOLUNTEERS FOR SHIMKUS

Mailing Address PO Box 661
PO BOX 5458

City Collinsville State IL Zip Code 62234

Purpose of Disbursement
Contribution

Candidate Name
JOHN M SHIMKUS

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: IL District: 19

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y Y |
| 06 | / | 12 | / | 2014 |

Transaction ID : SB23.6831

Amount of Each Disbursement this Period

| |
|---------|
| 1000.00 |
|---------|

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y Y |
|-------|---|-------|---|-----------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

| | | | | |
|-------|---|-------|---|-----------------|
| M M M | / | D D D | / | Y Y Y Y Y Y Y Y |
|-------|---|-------|---|-----------------|

Amount of Each Disbursement this Period

| |
|--|
| |
|--|

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


| |
|---------|
| 1000.00 |
|---------|

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

| |
|----------|
| 13000.00 |
|----------|

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

| | |
|--|--|
| <input checked="" type="checkbox"/> Hand Delivered | Date of Receipt 7/15/14 |
| <input type="checkbox"/> USPS First Class Mail | Postmarked |
| <input type="checkbox"/> USPS Registered/Certified | Postmarked (R/C) |
| <input type="checkbox"/> USPS Priority Mail | Postmarked |
| <input type="checkbox"/> USPS Priority Mail Express | Postmarked |
| <input type="checkbox"/> Postmark Illegible | |
| <input type="checkbox"/> No Postmark | |
| <input type="checkbox"/> Overnight Delivery Service (Specify): | Shipping Date Next Business Day Delivery <input type="checkbox"/> |
| <input type="checkbox"/> Received from House Records & Registration Office | Date of Receipt |
| <input type="checkbox"/> Received from Senate Public Records Office | Date of Receipt |
| <input type="checkbox"/> Received from Electronic Filing Office | Date of Receipt |
| <input type="checkbox"/> Other (Specify): | Date of Receipt or Postmarked |


PREPARER
(8/2013)

7/16/14
DATE PREPARED