

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2008 OCT 23 PM 5:00  
Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: if typing, type over the lines  
Pharmavite LLC Political Action Committee (Pharmavite PAC)

ADDRESS (number and street) P.O. Box 9808  
 Check if different than previously reported. (ACC)  
Mission Hills CA 91346 9806

2. FEC IDENTIFICATION NUMBER **C00410654**  
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 Quarterly 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 (12G)  
Election on 11 04 2008 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 10 01 2008 through 10 15 2008

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 Jole Angelotti

Signature of Treasurer *[Signature]* Date 10 21 2008

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

2803989377A

**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: 

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><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>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">23158.16</td></tr></table>	23158.16
Y	Y	Y	Y									
2	0	0	8									
23158.16												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">18856.60</td></tr></table>	18856.60										
18856.60												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">1556.33</td></tr></table>	1556.33	<table border="1" style="width: 100%;"><tr><td align="right">22754.77</td></tr></table>	22754.77								
1556.33												
22754.77												
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="width: 100%;"><tr><td align="right">20412.93</td></tr></table>	20412.93	<table border="1" style="width: 100%;"><tr><td align="right">45912.93</td></tr></table>	45912.93								
20412.93												
45912.93												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">2000.00</td></tr></table>	2000.00	<table border="1" style="width: 100%;"><tr><td align="right">27500.00</td></tr></table>	27500.00								
2000.00												
27500.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">18412.93</td></tr></table>	18412.93	<table border="1" style="width: 100%;"><tr><td align="right">18412.93</td></tr></table>	18412.93								
18412.93												
18412.93												
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
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

28039893775

**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: 

M	M
1	0

D	D
0	1

Y	Y	W	Y
2	0	0	8

 To: 

M	M
1	0

D	D
1	5

Y	Y	W	Y
2	0	0	8

**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) .....

1333.33

16555.77

(ii) Unitemized .....

223.00

6199.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii) .....

1556.33

22754.77

(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) .....

1556.33

22754.77

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)) .....

1556.33

22754.77

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

1556.33

22754.77

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	2000.00	27500.00
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))..	2000.00	27500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	27500.00

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**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) .....	1556.33	22754.77
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1556.33	22754.77
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

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

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

FOR LINE NUMBER: PAGE 6 / 14

(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)

A.

Full Name (Last, First, Middle Initial)  
Alfred P. Aldridge, III

Mailing Address 25 Pembroke Lane

City State Zip Code  
Laguna Nigel CA 92677

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmavite LLC Executive V-P & Chief Customer Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4859

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)  
Jole Angelotti

Mailing Address 4552 Stansbury Avenue

City State Zip Code  
Sherman Oaks CA 91423

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmavite LLC Divisional VP, Controller

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 475.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4860

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)  
Connie Barry

Mailing Address 10952 Remmet Avenue

City State Zip Code  
Chatsworth CA 91311

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Pharmavite LLC Chief Operating Officer

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1900.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4861

Amount of Each Receipt this Period

100.00

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

225.00

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

28039893779

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

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

FOR LINE NUMBER: PAGE 7 / 14

(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.

Full Name (Last, First, Middle Initial)

Paul R. Bolar

Mailing Address 16258 Keeker Drive

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:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4862

Amount of Each Receipt this Period

30.00

B.

Full Name (Last, First, Middle Initial)

Diann Botelho

Mailing Address 3206 Camby Road

City

Antioch

State

CA

Zip Code

94509

FEC ID number of contributing federal political committee.

C

Name of Employer  
Pharmavite LLC

Occupation

Divisional Vice-President

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

285.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4863

Amount of Each Receipt this Period

15.00

C.

Full Name (Last, First, Middle Initial)

Christine Burdick-Bell

Mailing Address 17315 Osborne Street

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

Receipt For:

Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4865

Amount of Each Receipt this Period

25.00

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

70.00

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

28039893780

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

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

FOR LINE NUMBER: PAGE 8 / 14  
(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)

28039893781

**A.**

Full Name (Last, First, Middle Initial)  
Lise Kai Cacho Negrete

Mailing Address 3828 Hillway Drive

City State Zip Code  
Glendale CA 91208

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

Name of Employer Pharmavite, LLC      Occupation DVO, Organizational Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4866  
Amount of Each Receipt this Period 25.00

**B.**

Full Name (Last, First, Middle Initial)  
Steven G. Chopp

Mailing Address 2461 Whitechapel Place

City State Zip Code  
Thousand Oaks CA 91362-5393

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

Name of Employer Pharmavite LLC      Occupation Divisional VP-Corp Strategy/Development

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1583.27

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4869  
Amount of Each Receipt this Period 83.33

**C.**

Full Name (Last, First, Middle Initial)  
William Cottrell

Mailing Address 1501 S. Cypress Avenue

City State Zip Code  
Ontario CA 91762

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

Name of Employer Pharmavite LLC      Occupation Director

Receipt For:  
 Primary    General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4871  
Amount of Each Receipt this Period 25.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 133.33

**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 9 / 14  
(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)

28039893782

**A.**

Full Name (Last, First, Middle Initial)  
Maria Victoria Edwards

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 ▼ 950.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4877  
Amount of Each Receipt this Period 50.00

**B.**

Full Name (Last, First, Middle Initial)  
Doug Jones

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 ▼ 475.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4882  
Amount of Each Receipt this Period 25.00

**C.**

Full Name (Last, First, Middle Initial)  
Craig K. Lock

Mailing Address 9018 Balboa Boulevard  
#192

City Northridge State CA Zip Code 91325

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

Name of Employer Pharmavite, LLC Occupation Dir., Compensation, Benefits & HRIS

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 475.00

Date of Receipt 10 / 15 / 2008  
Transaction ID: SA11AI.4891  
Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ..... ▶ 100.00

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 10 / 14  
(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)  
Robert V. McQuillan

Mailing Address 865 Buckingham Cove Road

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:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼      475.00

Date of Receipt      10 / 15 / 2008

Transaction ID: SA11AI.4894

Amount of Each Receipt this Period      25.00

**B.**

Full Name (Last, First, Middle Initial)  
Steve Poswillo

Mailing Address 26202 Fairside Drive

City Malibu      State CA      Zip Code 90265

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

Name of Employer Pharmavite LLC      Occupation Director, Sales Planning

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼      950.00

Date of Receipt      10 / 15 / 2008

Transaction ID: SA11AI.4899

Amount of Each Receipt this Period      50.00

**C.**

Full Name (Last, First, Middle Initial)  
Carolyn Sabatini

Mailing Address 11904 Cherokee Lane

City Leawood      State KS      Zip Code 66209

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

Name of Employer Pharmavite LLC      Occupation Director, Government Relations

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼      285.00

Date of Receipt      10 / 15 / 2008

Transaction ID: SA11AI.4902

Amount of Each Receipt this Period      15.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶      90.00

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

28039893783

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

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

FOR LINE NUMBER: PAGE 11 / 14

(check only one)

<input checked="" type="checkbox"/> X	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.**

Full Name (Last, First, Middle Initial)  
Tanda L. Sharrock

Mailing Address 23790 Wildwood Canyon Road

City State Zip Code  
Newhall CA 91321

FEC ID number of contributing federal political committee.

Name of Employer Pharmavite, LLC Occupation Director, Applications Development

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4904

Amount of Each Receipt this Period

**B.**

Full Name (Last, First, Middle Initial)  
Kevin Tully

Mailing Address 7639 Athenia Drive

City State Zip Code  
Cincinnati OH 45244

FEC ID number of contributing federal political committee.

Name of Employer Pharmavite, LLC Occupation Corporate Vice-President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
10 / 01 / 2008

Transaction ID: SA11AI.4855

Amount of Each Receipt this Period

**C.**

Full Name (Last, First, Middle Initial)  
Mark Walsh

Mailing Address 11084 Mann Court

City State Zip Code  
Moorpark CA 93021

FEC ID number of contributing federal political committee.

Name of Employer Pharmavite LLC Occupation Vice-President, Supply Chain

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4905

Amount of Each Receipt this Period

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

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

28039893784

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

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

FOR LINE NUMBER: PAGE 12 / 14

(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)

A.

Full Name (Last, First, Middle Initial)

Barbara Whitmore

Mailing Address 21566 Awbrey Place

City State Zip Code  
Ashburn VA 20148

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Pharmavite LLC Director, National Accounts

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 950.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4906

Amount of Each Receipt this Period  
50.00

B.

Full Name (Last, First, Middle Initial)

Michael Williams

Mailing Address 28253 Canyon Crest Drive

City State Zip Code  
Santa Clarita CA 91351

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Pharmavite LLC Director, Logistics

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4907

Amount of Each Receipt this Period  
20.00

C.

Full Name (Last, First, Middle Initial)

Rosalinda N. Wright

Mailing Address 29111 Summer Oak Court

City State Zip Code  
Saugus CA 91390

FEC ID number of contributing federal political committee.  C

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

Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 750.00

Date of Receipt

MM / DD / YYYY  
10 / 15 / 2008

Transaction ID: SA11AI.4909

Amount of Each Receipt this Period  
50.00

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

120.00

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

28039893785

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

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

FOR LINE NUMBER: PAGE 13 / 14  
(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)  
Pharmavite LLC Political Action Committee (Pharmavite PAC)

A.

Full Name (Last, First, Middle Initial) Richard E. Yoder		Date of Receipt MM / DD / YYYY 10 / 15 / 2008	
Mailing Address 297 Country Club Drive Apt. 5		Transaction ID: SA11AI.4910	
City Simi Valley	State CA	Zip Code 93065	Amount of Each Receipt this Period 20.00
FEC ID number of contributing federal political committee. C			
Name of Employer Pharmavite, LLC	Occupation Senior Product Manager		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00		

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SUBTOTAL of Receipts This Page (optional) .....	20.00
TOTAL This Period (last page this line number only) .....	1333.33

**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 14 / 14
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
Pharmavite LLC Political Action Committee (Pharmavite PAC)

A.	Full Name (Last, First, Middle Initial) BUCK MCKEON FOR CONGRESS	Transaction ID: SB23.4856 Date of Disbursement 10 / 01 / 2008
	Mailing Address 24265 San Fernando Road	Amount of Each Disbursement this Period 1000.00
	City Santa Clarita State CA Zip Code 91321	
	Purpose of Disbursement Contribution Candidate Name HOWARD P 'BUCK' MCKEON Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 25	Category/Type
	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) CITIZENS FOR ARLEN SPECTER	Transaction ID: SB23.4857 Date of Disbursement 10 / 14 / 2008
	Mailing Address 255 SOUTH 17TH STREET SUITE 603	Amount of Each Disbursement this Period 1000.00
	City PHILADELPHIA State PA Zip Code 19103	
	Purpose of Disbursement Contribution Candidate Name ARLEN SPECTER Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 00	Category/Type
	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) .....	2000.00
TOTAL This Period (last page this line number only) .....	2000.00

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

Hand Delivered Date of Receipt  
*10/23/08*

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

*JMS*  
PREPARER

*10/24/08*  
DATE PREPARED

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