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**FACSIMILE COVER SHEET**

Page 1 of 4

October 25, 2012

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# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

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

1. (a) Name of Individual, Organization or Corporation  
Melaleuca, Inc.

(b) Address (number and street)  Check if not street address  
3910 S. Yellowstone Hwy.  
Idaho Falls, Idaho 83402

(c) City, State and Zip Code

2. Contribution Reference  
Is the filer a qualified nonprofit organization?  Yes  No

3. Filer Registration Number  
C

4. Type of Report (check appropriate boxes)  
 (i)  Active Quarterly Report  
 July-December (FY Report)  
 October-September Report  
 January-December Report  
 Initial Report  
 49 Hour Report  
 (ii) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 10/24/2011 THROUGH 10/25/2011

6. TOTAL CONTRIBUTIONS 0.00

7. TOTAL INDEPENDENT EXPENDITURES 1,101.25

8. TYPE OF PAYMENT OF PROBATION CONSULTING FIRM

9. SIGNATURE  
Cole Clinger

10. DATE  
10/25/2012

NOTE: Filer must file this report with the Commission on or before the 15th day of the month following the end of the reporting period. If the filer is unable to file this report by the deadline, the filer must file a late report and pay a penalty of \$500 for each day the report is late, up to a maximum of \$5,000. The Commission may, at its discretion, waive the penalty if the filer can show that the failure to file was due to circumstances beyond the filer's control.

Print or type legibly in ink.

For filing instructions, visit [www.fec.gov](http://www.fec.gov).

Form 5 (2012) Instructions, 999 E. Second, N.W., Washington, D.C. 20004 TEL: 202-696-1400, TDD: 202-696-1190



SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 3 OF 3  
FORM 708 FORM 5

NAME OF FILER (or FUD)  
MediGenica, Inc.

FU Name (Last, First, Middle Initial) of Payee  
Medcom Studios

Name Address  
352 South 500 East

City  
Salt Lake City

State  
Utah

Zip Code  
84102

Date  
10 / 24 / 2012  
Amount  
1,101.25

Purpose of Expenditure  
TV Advertisement  
Name of Federal Candidate Supported or Opposed by Expenditure  
Kitt Romney

Office Sought  
 House  
 Senate  
 President  
Check One:  Support  Oppose

Calendar Year To-Date Per Election  
For Office Sought

Date  
10 / 24 / 2012

Full Name (Last, First, Middle Initial) of Payor

Date  
10 / 24 / 2012

Being Address  
City  
State  
Zip Code

Amount  
1,101.25

Purpose of Expenditure  
Name of Federal Candidate Supported or Opposed by Expenditure

Office Sought:  
 House  
 Senate  
 President  
Check One:  Support  Oppose

Calendar Year To-Date Per Election  
For Office Sought

Disbursement For:  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payor

Date  
10 / 24 / 2012

Being Address  
City  
State  
Zip Code

Amount  
1,101.25

Purpose of Expenditure  
Name of Federal Candidate Supported or Opposed by Expenditure

Office Sought:  
 House  
 Senate  
 President  
Check One:  Support  Oppose

Calendar Year To-Date Per Election  
For Office Sought

Disbursement For:  
 Primary  General  
 Other (specify)

Full Name (Last, First, Middle Initial) of Payor

Date  
10 / 24 / 2012

Being Address  
City  
State  
Zip Code

Amount  
1,101.25

(b) SUBTOTAL of Unitemized Independent Expenditures  
1,101.25

(b) TOTAL Independent Expenditures  
1,101.25

516031

FEC Schedule 5 (Rev. 6/2010)

Federal Election Commission  
**ENVELOPE REPLACEMENT PAGE  
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