

# **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)

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

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NAME OF COMMITTEE (In Full)

**Herbalife International Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Bogard, Robert, D, ,**

Mailing Address 950 West 190th Street

City

Torrance

State

CA

Zip Code

90502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herbalife International of America Inc

Occupation (for Individual)

Sr. Director NAM Regional Sales & S

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.40

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2019

**Transaction ID : A2019-2470058**

Amount of Each Receipt this Period

23.07

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bogard, Robert, D, ,**

Mailing Address 950 West 190th Street

City

Torrance

State

CA

Zip Code

90502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herbalife International of America Inc

Occupation (for Individual)

Sr. Director NAM Regional Sales & S

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

484.47

Date of Receipt

MM / DD / YYYY  
10 / 18 / 2019

**Transaction ID : A2019-2470316**

Amount of Each Receipt this Period

23.07

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Buiak, Thomas, J, ,**

Mailing Address 950 West 190th Street

City

Torrance

State

CA

Zip Code

90502

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herbalife International of America Inc

Occupation (for Individual)

Sr. Manager Member Recognition

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Aggregate Year-to-Date ▼

230.80

Date of Receipt

MM / DD / YYYY  
10 / 04 / 2019

**Transaction ID : A2019-2470059**

Amount of Each Receipt this Period

11.54

☐ Memo Item

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

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

57.68