

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

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

FOR LINE NUMBER: PAGE 12 OF 61  
(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)

**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 ▼

415.26

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

**Transaction ID : A2019-1999436**

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 ▼

438.33

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : A2019-2211578**

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 ▼

207.72

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

**Transaction ID : A2019-1999437**

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