

# **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 61

(check only one)

☒ 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. 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 ▼

219.26

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : A2019-2211591**

Amount of Each Receipt this Period

11.54

☐ Memo Item

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

**B. Cacciatore, Jean Marie, , ,**

Mailing Address 800 W. Olympic Blvd  
Suite 406

City

Los Angeles

State

CA

Zip Code

90015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herbalife International of America Inc

Occupation (for Individual)

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

MM / DD / YYYY  
09 / 06 / 2019

**Transaction ID : A2019-1999438**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

**C. Cacciatore, Jean Marie, , ,**

Mailing Address 800 W. Olympic Blvd  
Suite 406

City

Los Angeles

State

CA

Zip Code

90015

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Herbalife International of America Inc

Occupation (for Individual)

Chief Human Resources Officer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1425.00

Date of Receipt

MM / DD / YYYY  
09 / 20 / 2019

**Transaction ID : A2019-2211606**

Amount of Each Receipt this Period

75.00

☐ Memo Item

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

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

161.54