

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Herbalife International Inc. PAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2026"/>		80828.16
(b) Cash on Hand at Beginning of Reporting Period.....	81614.97	
(c) Total Receipts (from Line 19)	3558.78	19395.59
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	85173.75	100223.75
7. Total Disbursements (from Line 31).....	2500.00	17550.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	82673.75	82673.75
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Herbalife International Inc. PAC

Report Covering the Period: From: / / To: / /

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).....	3469.54	13943.27
(ii) Unitemized	89.24	5452.32
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3558.78	19395.59
(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)	3558.78	19395.59
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 Transfers (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)).....▶	3558.78	19395.59
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3558.78	19395.59

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	50.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	50.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	17500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated 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)) ..	2500.00	17550.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	17550.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	3558.78	19395.59
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3558.78	19395.59
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	50.00
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	50.00

**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)	PAGE 6 OF 25
	<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	

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)
Herbalife International Inc. PAC

A. Calder, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sr. Director Office of Chairman and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : A2026-885994
 Amount of Each Receipt this Period
 28.58
 Memo Item

B. Calder, William, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sr. Director Office of Chairman and
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.38

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2026
Transaction ID : A2026-1047023
 Amount of Each Receipt this Period
 28.58
 Memo Item

C. Calloway, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 E Lake Forest Drive
 City Knoxville State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herbalife International of America Inc Occupation (for Individual) VP Global Trade Compliance
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 285.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : A2026-885978
 Amount of Each Receipt this Period
 28.58
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	85.74
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: (check only one)	PAGE 7 OF 25
	<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	

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)
Herbalife International Inc. PAC

A. Calloway, Sandra, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 204 E Lake Forest Drive
 City Knoxville State TN Zip Code 37920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herbalife International of America Inc Occupation (for Individual) VP Global Trade Compliance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 314.38

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047040
 Amount of Each Receipt this Period 28.58
 Memo Item

B. Campbell, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Member Compliance (MPC)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885976
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Campbell, Dawn, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Member Compliance (MPC)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047038
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	120.88
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 8 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Herbalife International Inc. PAC

A. Chang, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) VP Quality and Technical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-886001
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Chang, Peter, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) VP Quality and Technical Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047030
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Chen, Shengi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Associate Fellow Process and Manufa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885982
 Amount of Each Receipt this Period 23.07
 Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 115.37
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: (check only one)	PAGE 9 OF 25
	<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	

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)
Herbalife International Inc. PAC

A. Chen, Shengi, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Associate Fellow Process and Manufa
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 253.77

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047044
 Amount of Each Receipt this Period 23.07
 Memo Item

B. Day, Melody, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street Suite 650
 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) VP Global Project Management
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885975
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Day, Melody, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street Suite 650
 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) VP Global Project Management
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 275.00

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047037
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	73.07
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: (check only one)	PAGE 10 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Herbalife International Inc. PAC

A. Gratton, Rodolfo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Health and Wellness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 571.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : A2026-885985
 Amount of Each Receipt this Period
 57.15
 Memo Item

B. Gratton, Rodolfo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Health and Wellness
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 628.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2026
Transaction ID : A2026-1047047
 Amount of Each Receipt this Period
 57.15
 Memo Item

C. Green-Brown, Diahanna, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP WW Events
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : A2026-885974
 Amount of Each Receipt this Period
 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	160.45
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: (check only one)	PAGE 11 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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)
Herbalife International Inc. PAC

A. Green-Brown, Diahanna, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP WW Events
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047036
 Amount of Each Receipt this Period 46.15
 Memo Item

B. He, Kan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Associate Fellow Process and Manufa
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885996
 Amount of Each Receipt this Period 23.07
 Memo Item

C. He, Kan, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Associate Fellow Process and Manufa
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 253.77

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047025
 Amount of Each Receipt this Period 23.07
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.29
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: (check only one)	PAGE 12 OF 25
	<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	

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)
Herbalife International Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Hicks, Troy, , ,			Date of Receipt MM / DD / YYYY 05 / 08 / 2026 Transaction ID : A2026-885999		
Mailing Address 990 West 190th Street Suite 650			Amount of Each Receipt this Period 115.38		
City Torrance	State CA	Zip Code 90502	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1153.80		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) Chief Operating Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Hicks, Troy, , ,			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 Transaction ID : A2026-1047028		
Mailing Address 990 West 190th Street Suite 650			Amount of Each Receipt this Period 115.38		
City Torrance	State CA	Zip Code 90502	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 1269.18		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) Chief Operating Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Irani, Jehangir, D, ,			Date of Receipt MM / DD / YYYY 05 / 08 / 2026 Transaction ID : A2026-885988		
Mailing Address 990 West 190th Street Suite 650			Amount of Each Receipt this Period 50.00		
City Torrance	State CA	Zip Code 90502	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 230.00		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) SVP Chief Accounting Officer	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....▶	280.76
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: (check only one)	PAGE 13 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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)
Herbalife International Inc. PAC

A. Irani, Jehangir, D, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) SVP Chief Accounting Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 280.00

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047050
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Kim, Chi Hee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Global Regulatory & Post-Market
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.90

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885986
 Amount of Each Receipt this Period 57.69
 Memo Item

C. Kim, Chi Hee, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) VP Global Regulatory & Post-Market
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 634.59

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047048
 Amount of Each Receipt this Period 57.69
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	165.38
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: (check only one)	PAGE 14 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Herbalife International Inc. PAC

A. Kirakossian, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 West 190th Street
Suite 650

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 Transfer Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.80

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-886003

Amount of Each Receipt this Period 23.08

Memo Item

B. Kirakossian, Suzanne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 990 West 190th Street
Suite 650

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 Transfer Pricing

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.88

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047032

Amount of Each Receipt this Period 23.08

Memo Item

C. Lamberti, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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 Commercial Officer

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885984

Amount of Each Receipt this Period 115.38

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	161.54
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: (check only one)	PAGE 15 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Herbalife International Inc. PAC

A. Lambert, Frank, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Commercial Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.18

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2026
Transaction ID : A2026-1047046
 Amount of Each Receipt this Period
 115.38
 Memo Item

B. Levy, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1923.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026
Transaction ID : A2026-885977
 Amount of Each Receipt this Period
 192.30
 Memo Item

C. Levy, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2115.30

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2026
Transaction ID : A2026-1047039
 Amount of Each Receipt this Period
 192.30
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	499.98
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: (check only one)	PAGE 16 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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)
Herbalife International Inc. PAC

A. Montesino, Ibelis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) MD NAM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt
 05 / 08 / 2026
Transaction ID : A2026-885980
 Amount of Each Receipt this Period
 115.38
 Memo Item

B. Montesino, Ibelis, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) MD NAM
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1269.18

Date of Receipt
 05 / 22 / 2026
Transaction ID : A2026-1047042
 Amount of Each Receipt this Period
 115.38
 Memo Item

C. Mothershed, Ernae, L, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Sr. Director Worldwide Events
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 230.70

Date of Receipt
 05 / 08 / 2026
Transaction ID : A2026-885997
 Amount of Each Receipt this Period
 23.07
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	253.83
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: (check only one)	PAGE 17 OF 25
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<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)
Herbalife International Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Mothershed, Ernae, L, ,

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) Sr. Director Worldwide Events

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **253.77**

Date of Receipt **05 / 22 / 2026**

Transaction ID : A2026-1047026

Amount of Each Receipt this Period **23.07**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Parisi, Melissa, E, ,

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) VP WW Privacy Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **461.50**

Date of Receipt **05 / 08 / 2026**

Transaction ID : A2026-886006

Amount of Each Receipt this Period **46.15**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Parisi, Melissa, E, ,

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) VP WW Privacy Counsel

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **507.65**

Date of Receipt **05 / 22 / 2026**

Transaction ID : A2026-1047035

Amount of Each Receipt this Period **46.15**

Memo Item

SUBTOTAL of Receipts This Page (optional).....	115.37
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: (check only one)	PAGE 18 OF 25
	<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	

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)
Herbalife International Inc. PAC

A. Popelka, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4491 Dodds Mill Drive
 City Haymarket State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herbalife International of America Inc Occupation (for Individual) Vice President Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-886004
 Amount of Each Receipt this Period 46.15
 Memo Item

B. Popelka, Randall, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4491 Dodds Mill Drive
 City Haymarket State VA Zip Code 20169
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Herbalife International of America Inc Occupation (for Individual) Vice President Public Affairs
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047033
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Reddy, Nitin, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) Deputy General Counsel
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1153.80

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-886005
 Amount of Each Receipt this Period 115.38
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	207.68
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: (check only one)	PAGE 19 OF 25
	<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	

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)
Herbalife International Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Reddy, Nitin, , ,			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 Transaction ID : A2026-1047034		
Mailing Address 800 W. Olympic Blvd Suite 406					
City Los Angeles	State CA	Zip Code 90015	Amount of Each Receipt this Period 115.38		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) Deputy General Counsel			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1269.18			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Semler, Gary, , ,			Date of Receipt MM / DD / YYYY 05 / 08 / 2026 Transaction ID : A2026-885979		
Mailing Address 950 West 190th Street					
City Torrance	State CA	Zip Code 90502	Amount of Each Receipt this Period 23.07		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) Sr. Director Facilities Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 230.70			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Semler, Gary, , ,			Date of Receipt MM / DD / YYYY 05 / 22 / 2026 Transaction ID : A2026-1047041		
Mailing Address 950 West 190th Street					
City Torrance	State CA	Zip Code 90502	Amount of Each Receipt this Period 23.07		
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item		
Name of Employer (for Individual) Herbalife International of America Inc		Occupation (for Individual) Sr. Director Facilities Management			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 253.77			

SUBTOTAL of Receipts This Page (optional).....▶	161.52
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: (check only one)	PAGE 20 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Herbalife International Inc. PAC

A. Smith, Cameron, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Sr. Director Regulatory Affairs - A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885981

Amount of Each Receipt this Period 23.07

Memo Item

B. Smith, Cameron, B, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) Sr. Director Regulatory Affairs - A

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 253.77

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047043

Amount of Each Receipt this Period 23.07

Memo Item

C. Spiers, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) SVP Global Business Services

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ 230.70

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885995

Amount of Each Receipt this Period 23.07

Memo Item

SUBTOTAL of Receipts This Page (optional).....	69.21
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: (check only one)	PAGE 21 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
Herbalife International Inc. PAC

A. Spiers, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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) SVP Global Business Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 253.77

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047024
 Amount of Each Receipt this Period 23.07
 Memo Item

B. Storey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) VP International Tax
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 461.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885983
 Amount of Each Receipt this Period 46.15
 Memo Item

C. Storey, Mark, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) VP International Tax
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 507.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047045
 Amount of Each Receipt this Period 46.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	115.37
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: (check only one)	PAGE 22 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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)
Herbalife International Inc. PAC

A. Swanson, Gary, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) SVP Quality Assurance & Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885991
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Swanson, Gary, N, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) SVP Quality Assurance & Control
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1100.00

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047020
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Walsh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) SVP Global Manufacturing Distributi
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 571.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-885987
 Amount of Each Receipt this Period 57.15
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	257.15
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: (check only one)	PAGE 23 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <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)
Herbalife International Inc. PAC

A. Walsh, David, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 990 West 190th Street
 Suite 650
 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) SVP Global Manufacturing Distributi
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 628.65

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047049
 Amount of Each Receipt this Period 57.15
 Memo Item

B. Wang, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Legal Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1922.50

Date of Receipt 05 / 08 / 2026
Transaction ID : A2026-886002
 Amount of Each Receipt this Period 192.25
 Memo Item

C. Wang, Henry, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 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 Legal Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2114.75

Date of Receipt 05 / 22 / 2026
Transaction ID : A2026-1047031
 Amount of Each Receipt this Period 192.25
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	441.65
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: (check only one)	PAGE 24 OF 25
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<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)
Herbalife International Inc. PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zheng, Qun, Y, ,

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) SVP Global Product Development
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.50

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 08 / 2026

Transaction ID : A2026-885993

Amount of Each Receipt this Period
46.15

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Zheng, Qun, Y, ,

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) SVP Global Product Development
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
507.65

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 22 / 2026

Transaction ID : A2026-1047022

Amount of Each Receipt this Period
46.15

Memo Item

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	92.30
TOTAL This Period (last page this line number only).....	3469.54

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)

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

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)
Herbalife International Inc. PAC

A. Cisneros for Congress

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 40

City Placentia State CA Zip Code 92871

Purpose of Disbursement
Contribution 011 Category/Type

Candidate Name
Cisneros, Gilbert, , ,

Office Sought: House Senate President
Disbursement For: 2026 Primary General Other (specify) ▼

State: CA District: 31

Date of Disbursement
MM / DD / YYYY
05 / 26 / 2026

FEC Identification Number
C C00650648
Transaction ID : B924764

Amount of Each Disbursement this Period
2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

Purpose of Disbursement
Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement
MM / DD / YYYY

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00