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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name <u>Herbalife International of America.</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>818 Connecticut Avenue, NW Suite 1200</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20006</u>			
4. Contact Name <u>Edward Johns</u>		Telephone <u>202-463-0097</u>	E-mail (optional) <u>Edward.J@herbalife.com</u>
7. Client Name <input type="checkbox"/> Self			5. Senate ID # 6. House ID #

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July 1-D

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobby: _____

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>60,000</u> Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA def</p> <p><input type="checkbox"/> Method B. Reporting amounts under section (Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature _____

Printed Name and Title _____

Edward B. Johns, Jr. Senior Director Governance

LD-2 (REV. 6/98)

Registrant Name Herbalife International Client Name _____

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cot information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Health Savings Accounts
Flexible Spending Accounts.

17. House(s) of Congress and Federal agencies contacted

Check if None

House of Representatives
Senate
Department of the Treasury
Food and Drug Administration.

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Edward Johns	
John Venardos	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature S. J. Fowler Date 3/23/04

Printed Name and Title Edward B. Johns, Jr. Senior Director of Gov

Form LD-2 (Rev. 6/98)

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