

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF THE
05 FEB -9 PM 2:

LOBBYING REPORT

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

1. Registrant Name Garry Mauro			
2. Address <input type="checkbox"/> Check if different than previously reported PO Box 13083			
3. Principal Place of Business (if different from line 2) Austin, Texas 78711 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID # 83193-12
7. Client Name <input type="checkbox"/> Self Metabolife International, Inc.			6. House ID # 36413000

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-December 31) ☐

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

10. Check if this is a Termination Report ☒ ⇔ Termination Date August 1, 2004 11. No Lobbying ☐

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 checked="" type="checkbox"/> ⇔ \$ <u>\$150,000.00</u> 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 report period were:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(I Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Signature

Garry Mauro

Date 1/28/2005

Signature

Printed Name and Title

Garry Mauro

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Garry Mauro Client Name Metabolife International, Inc.

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

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

16. Specific lobbying issues

None

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

☐ Check if None

◆üüüü

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

Name	Covered Official Position (if applicable)
None	

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

☐ Check if None

Signature

Garry Mauro

Date

1/28/2005

Printed Name and Title

Shirley M. Moore

Form LD-2 (Rec. 4/03)

Page 2