

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFE PAC)

ADDRESS (number and street) 1800 CENTURY PARK EAST  
 Check if different than previously reported. (ACC)  
CENTURY CITY CA 90067

2. **FEC IDENTIFICATION NUMBER** C00393298  
3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. **TYPE OF REPORT** (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report(Q1)  
 July 15 Quarterly Report(Q2)  
 October 15 Quarterly Report(Q3)  
 January 31 Quarterly Report(YE)  
 July 31 Mid-Year Report(Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12G)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 04 01 2006 through 04 30 2006

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Richard Goudis

Signature of Treasurer Electronically Filed by Richard Goudis Date 05 18 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

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| D | D |
| 0 | 1 |

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| Y | Y | Y | Y |
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 To: 

|   |   |
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| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |   |   |   |   |   |   |  |          |
|---|-------------------------|-----------------------------------|---|---|---|---|---|---|--|----------|
| 6. (a) Cash on Hand<br>January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table> | Y                       | Y                                 | Y | Y | 2 | 0 | 0 | 6 |  | 57443.71 |
| Y   | Y                       | Y                                 | Y |   |   |   |   |   |  |          |
| 2   | 0                       | 0                                 | 6 |   |   |   |   |   |  |          |
| (b) Cash on Hand at<br>Beginning of Reporting Period .....  | 61443.88                |                                   |   |   |   |   |   |   |  |          |
| (c) Total Receipts (from Line 19) .....   | 24264.35                | 35333.48                          |   |   |   |   |   |   |  |          |
| (d) Subtotal (add lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B) .....  | 85708.23                | 92777.19                          |   |   |   |   |   |   |  |          |
| 7. Total Disbursements (from Line 31) .....   | 12929.24                | 19998.20                          |   |   |   |   |   |   |  |          |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....   | 72778.99                | 72778.99                          |   |   |   |   |   |   |  |          |
| 9. Debts and Obligations owed <b>TO</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....   | 0.00                    |                                   |   |   |   |   |   |   |  |          |
| 10. Debts and Obligations owed <b>BY</b><br>the committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | 0.00                    |                                   |   |   |   |   |   |   |  |          |

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

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

Report Covering the Period: From: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 0 | 1 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

 To: 

|   |   |
|---|---|
| M | M |
| 0 | 4 |

|   |   |
|---|---|
| D | D |
| 3 | 0 |

|   |   |   |   |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 6 |

| I. Receipts  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:   |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees  | 22785.72                      | 32809.53                          |
| (i) Itemized (use Schedule A) .....  | 1478.63                       | 2523.95                           |
| (ii) Unitemized .....  | 24264.35                      | 35333.48                          |
| (iii) TOTAL (add Lines 11(a)(i) and (ii) .....   | 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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....     | 24264.35                      | 35333.48                          |
| 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 Transfer (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)) .....                          | 24264.35                      | 35333.48                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....                                    | 24264.35                      | 35333.48                          |

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| <b>II. DISBURSEMENTS</b>  | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|---|---------------------------------------|---|
| 21. Operating Expenditures:   |                                       |   |
| (a) Shared 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.....   | 1929.24                               | 1998.20                                   |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶                         | 1929.24                               | 1998.20                                   |
| 22. Transfers to Affiliated/Other Party Committees.....   | 0.00                                  | 0.00                                      |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....          | 11000.00                              | 18000.00                                  |
| 24. Independent Expenditure (use Schedule E) .....  | 0.00                                  | 0.00                                      |
| 25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....  | 0.00                                  | 0.00                                      |
| 30. Federal Election Activity (2 U.S.C 431(20))   |                                       |   |
| (a) Shared 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))..        | 12929.24                              | 19998.20                                  |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)..... | 12929.24                              | 19998.20                                  |

**DETAILED SUMMARY PAGE**  
of Disbursements

| III. Net Contributions/Operating Expenditures                                       | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>from Line 11(d), page 3) .....        | 24264.35                      | 35333.48                          |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                           | 0.00                          | 0.00                              |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....   | 24264.35                      | 35333.48                          |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b))..... | 1929.24                       | 1998.20                           |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....               | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....             | 1929.24                       | 1998.20                           |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 6 / 12                  |
|  | <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. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Peter M. Castleman</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 6 |  |
| Mailing Address 297 Greenley Road   |  | <b>Transaction ID: SA11A1.5841</b>                            |  |
| City State Zip Code<br>New Cannan CT 06840  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife Director   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Sloane C Castleman</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 6 / 2 0 0 6 |  |
| Mailing Address 5504 Royal Vista Court  |  | <b>Transaction ID: SA11A1.5842</b>                            |  |
| City State Zip Code<br>Thousand Oaks CA 91362   |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Housewife Housewife  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. George D. Fischer</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6 |  |
| Mailing Address 4143 Via Marina   |  | <b>Transaction ID: SA11A1.5836</b>                            |  |
| City State Zip Code<br>Marina Del Rey CA 90092  |  | Amount of Each Receipt this Period<br>500.00                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>HERBALIFE Director of Corporate Communication  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>500.00                            |  |

|  |          |
|--|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 10500.00 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |          |

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

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 7 / 12                  |
|  | <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             |                              |

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NAME OF COMMITTEE (In Full)  
**HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)**

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Paul R. Greenberg</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 1 / 2 0 0 6 |  |
| Mailing Address 703 North Oakhurst Drive  |  | <b>Transaction ID: SA11A1.5817</b>                            |  |
| City State Zip Code<br>Beverly Hills CA 90210   |  | Amount of Each Receipt this Period<br>95.24                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife International Sr. Council Legal Affairs  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>285.72                            |  |

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|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Yair Steve Henig</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 6 |  |
| Mailing Address 264 North Oxford Drive  |  | <b>Transaction ID: SA11A1.5846</b>                            |  |
| City State Zip Code<br>Beverly Hills CA 90210   |  | Amount of Each Receipt this Period<br>1000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife International Chief Scientific Officer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>1000.00                           |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Mari Snyder Johnson</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6 |  |
| Mailing Address 24840 Pacific Coast Highway   |  | <b>Transaction ID: SA11A1.5838</b>                            |  |
| City State Zip Code<br>Malibu CA 90205  |  | Amount of Each Receipt this Period<br>5000.00                 |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Self employed Producer   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>5000.00                           |  |

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| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 6095.24 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

|  |   |                              |
|--|---|------------------------------|
| Use separate schedule(s) or each category of the Detailed Summary Page | FOR LINE NUMBER: (check only one)       | PAGE 8 / 12                  |
|  | <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  |

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NAME OF COMMITTEE (In Full)  
HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Michael O. Johnson</b>   |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 1 3 / 2 0 0 6 |  |
| Mailing Address 24840 Pacific Coast Highway   |   | <b>Transaction ID: SA11A1.5837</b>                            |  |
| City State Zip Code<br>Malibu CA 90205  | Amount of Each Receipt this Period<br>5000.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Herbalife International   | Occupation<br>President, CEO                  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>5000.00           |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Joan Kardashian</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 4 / 2 0 0 6 |  |
| Mailing Address 13020 Pacific Promenade #1201   |  | <b>Transaction ID: SA11A1.5844</b>                            |  |
| City State Zip Code<br>Los Angeles CA 90094   | Amount of Each Receipt this Period<br>500.00 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer<br>Herbalife Family Foundation   | Occupation<br>Executive Director             |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>500.00           |   |  |

|   |   |   |  |
|---|---|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Robert Levy</b>  |   | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 6 |  |
| Mailing Address 10584 Bradbury Road   |   | <b>Transaction ID: SA11A1.5792</b>                            |  |
| City State Zip Code<br>Los Angeles CA 90064   | Amount of Each Receipt this Period<br>85.71 |   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |   |   |  |
| Name of Employer<br>Herbalife International   | Occupation<br>Sr VP, Americas Operations    |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ | Aggregate Year-to-Date ▼<br>371.42          |   |  |

|  |         |
|--|---------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 5585.71 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |         |

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

|  |   |             |
|--|---|-------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER: (check only one)   | PAGE 9 / 12 |
|  | <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. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Robert Levy</b>  |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 1 / 2 0 0 6 |  |
| Mailing Address 10584 Bradbury Road   |  | <b>Transaction ID: SA11A1.5822</b>                            |  |
| City State Zip Code<br>Los Angeles CA 90064   |  | Amount of Each Receipt this Period<br>85.71                   |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife International Sr VP, Americas Operations   |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>457.13                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. Greg Probert</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 0 7 / 2 0 0 6 |  |
| Mailing Address 1440 St. Albans Road  |  | <b>Transaction ID: SA11A1.5796</b>                            |  |
| City State Zip Code<br>San Marino CA 91108  |  | Amount of Each Receipt this Period<br>238.10                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife International Chief Operating Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>476.20                            |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Greg Probert</b>   |  | Date of Receipt<br>M M / D D / Y Y Y Y<br>0 4 / 2 1 / 2 0 0 6 |  |
| Mailing Address 1440 St. Albans Road  |  | <b>Transaction ID: SA11A1.5825</b>                            |  |
| City State Zip Code<br>San Marino CA 91108  |  | Amount of Each Receipt this Period<br>238.10                  |  |
| FEC ID number of contributing federal political committee. <b>C</b>   |  |   |  |
| Name of Employer Occupation<br>Herbalife International Chief Operating Officer  |  |   |  |
| Receipt For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  | Aggregate Year-to-Date ▼<br>714.30                            |  |

|  |        |
|--|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶           | 561.91 |
| <b>TOTAL</b> This Period (last page this line number only) ..... ▶ |        |

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

|  |                              |                              |                             |                             |
|--|------------------------------|------------------------------|-----------------------------|-----------------------------|
| Use separate schedule(s)<br>or each category of the<br>Detailed Summary Page | FOR LINE NUMBER:             |                              | PAGE 10 / 12                |                             |
|  | (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"/> 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. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

**A.** Full Name (Last, First, Middle Initial)  
John P. Venardos

Mailing Address 448 32nd Street

City State Zip Code  
Manhattan Beach CA 90266

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

Name of Employer Occupation  
Herbalife International VP W.W. Regulatory & Gov't Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
228.58

Date of Receipt  

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 0 | 4 | / | 2 | 1 | / | 2 | 0 | 0 | 6 |

Transaction ID: SA11A1.5832

Amount of Each Receipt this Period  
42.86

|  |   |          |
|--|---|----------|
| <b>SUBTOTAL</b> of Receipts This Page (optional) .....           | ▶ | 42.86    |
| <b>TOTAL</b> This Period (last page this line number only) ..... | ▶ | 22785.72 |

**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)

PAGE 11 / 12

|   |                              |                              |                              |                             |                              |
|---|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <input checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <input type="checkbox"/> 24  | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)  
HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

|  |  |  |   |
|--|--|--|---|
| Full Name (Last, First, Middle Initial)<br><b>A. Bristol Farms</b>   |  | Transaction ID: SB21B.5851             |   |
| Mailing Address 9039 Beverly Blvd.   |  | Date of Disbursement<br>04 / 17 / 2006 |   |
| City<br>West Hollywood   | State<br>CA  | Zip Code<br>90048                      | Amount of Each Disbursement this Period<br>719.44 |
| Purpose of Disbursement<br>Catering costs  |  | Category/<br>Type                      |   |
| Candidate Name<br>CITIZENS FOR HARKIN  |  |  |   |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |   |
| State: IA  | District: 00   |  |   |

|  |  |  |  |
|--|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. HerbaLife International Revolving Account</b>                                       |  | Transaction ID: SB21B.5850             |  |
| Mailing Address 1800 Century Park East   |  | Date of Disbursement<br>04 / 10 / 2006 |  |
| City<br>Century City   | State<br>CA  | Zip Code<br>90067                      | Amount of Each Disbursement this Period<br>1146.20 |
| Purpose of Disbursement<br>Reimbursement for staff time & room rent  |  | Category/<br>Type                      |  |
| Candidate Name<br>CITIZENS FOR HARKIN  |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For: 2008<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: IA  | District: 00   |  |  |

**SUBTOTAL** of Disbursements This Page (optional) .....

1865.64

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

1865.64

# 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"/> 24  | <input type="checkbox"/> 25 | <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 |

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NAME OF COMMITTEE (In Full)  
HERBALIFE INTERNATIONAL INC. POLITICAL ACTION COMMITTEE (AKA HERBALIFEPAC)

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. HATCH ELECTION COMMITTEE INC</b>  |   | <b>Transaction ID: SB23.5852</b>                         |  |
| Mailing Address 175 SOUTH WEST TEMPLE SUITE 650  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 27 / 2006 |  |
| City<br>SALT LAKE CITY   | State<br>UT   | Zip Code<br>84101  | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement  |   | Category/<br>Type  |  |
| Candidate Name   |   |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input checked="" type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: UT  | District:   |  |  |

|  |   |  |  |
|--|---|--|--|
| Full Name (Last, First, Middle Initial)<br><b>B. PALLONE FOR CONGRESS</b>  |   | <b>Transaction ID: SB23.5853</b>                         |  |
| Mailing Address PO BOX 3176  |   | Date of Disbursement<br>MM / DD / YYYY<br>04 / 27 / 2006 |  |
| City<br>LONG BRANCH  | State<br>NJ   | Zip Code<br>07740  | Amount of Each Disbursement this Period<br>1000.00 |
| Purpose of Disbursement  |   | Category/<br>Type  |  |
| Candidate Name   |   |  |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State: NJ  | District: 06  |  |  |

|   |  |  |  |
|---|--|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. TOM PAC</b>  |  | <b>Transaction ID: SB23.5854</b>                         |  |
| Mailing Address PO BOX 752  |  | Date of Disbursement<br>MM / DD / YYYY<br>04 / 10 / 2006 |  |
| City<br>DES MOINES  | State<br>IA  | Zip Code<br>50303  | Amount of Each Disbursement this Period<br>5000.00 |
| Purpose of Disbursement   |  | Category/<br>Type  |  |
| Candidate Name  |  |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |  |  |
| State:  | District:  |  |  |

|  |                 |
|--|-----------------|
| <b>SUBTOTAL</b> of Disbursements This Page (optional) .....      | <b>11000.00</b> |
| <b>TOTAL</b> This Period (last page this line number only) ..... | <b>11000.00</b> |