LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals.

896

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 1/2/03

Rcn
✓ #478 #110 LL

1021794

Instructions

- Print in ink or type.
- Complete form and return with $110 registration fee to the Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge, LA 70808, (225) 763-8777 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME RIVERO (Last) HECTOR (First) L. (MI)

2. BUSINESSPHONE 512/473-2157 (Area Code and Phone Number)

3. BUSINESS ADDRESS 1122 Colorado St., Ste. 2301 (Street and No.) Austin, (City) TX (State) 78701 (Zip)

MAILING ADDRESS Same (Street and No.) (City) (State) (Zip)

4. EMPLOYER E. I. du Pont de Nemours and Company

5. EMPLOYER'S ADDRESS 1007 Market St. (Street and No.) Wilmington, (City) DE (State) 19898 (Zip)

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name E. I. du Pont de Nemours and Company

Address 1007 Market St. Wilmington DE 19898

Business or purpose DuPont is a science company, delivering science-based solutions in food and nutrition; health care; apparel; home and construction; electronics and transportation.

Does this person pay you? Yes

If No, who pays you?

Form 600 Rev 10/2002

LOBBYING REGISTRATION FORM

896
Lobbyist's Registration Number

2. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

3. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

4. Name_____

Address_____

Business or purpose_____

Does this person pay you?_____

If No, who pays you?_____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

Signature of Lobbyist

ATTACH
2" x 2"
PHOTOGRAPH
HERE
FOR
INITIAL
REGISTRATION
ONLY

Form 500 Rev 10/2002