LOBBYING REGISTRATION FORM

To be used for initial registrations and renewals. Registrations expire on January 31 unless a renewal is submitted between December 1 and January 31, 1999

785

Lobbyist's Registration Number

FOR OFFICE USE ONLY
Postmark Date: 4-28-99
Reg. **1990946**

99 APR 28 A10:12

ETHICS COMMISSION

#3240
$10.00
KSD

Instructions

- Print in ink or type.
- Complete form, have it notarized and return with $10 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (504) 922-1400.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Renewals must be submitted between December 1 and January 31.

1. NAME LAFRANCE William C
   Last First MI
2. BUSINESS PHONE 512-2191183
   Area Code and Phone Number
3. BUSINESS ADDRESS 6018 Tributary Ridge Dr. Austin TX 78183
   Street and No. City State Zip
4. EMPLOYER Dupont Pharmaceuticals
5. EMPLOYER'S ADDRESS Chestnut Run Plaza P.O. Box 80123 Wilmington DE 19880
   Street and No. City State 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 ~~William C. LAFRANCE~~ Dupont Pharmaceuticals
      Address 6018 TRIBUTARY Ridge Dr Austin TX.
      Business or purpose Manufacturer of Pharmaceuticals
      Does this person pay you? Yes
      If No, who pays you? _____
   2. Name _____
      Address _____
      Business or purpose _____
      Does this person pay you? _____
      If No, who pays you? _____

HAND DELIVERED

ATTACHMENT D-18

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Lobbyist's Registration Number

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? _____

5. Name _____

Address _____

Business or purpose _____

Does this person pay you? _____

If No, who pays you? _____

State of TEXAS

Parish of TRAVIS COUNTY

Before me, the undersigned authority, personally came and appeared William LaFrance, who, after being duly sworn by me, did declare and acknowledge to me that the above statements are true and correct.

William C. LaFrance
Signature of Lobbyist

Sworn to and subscribed before me on this 26 day of April, 1999.

Marian Ruth Mansperger
Notary Public

Rev. 8/97

NOTARY PUBLIC STATE OF TEXAS
MARIAN RUTH MANSPERGER
Notary Public, State of Texas
My Commission Expires 02-21-2000