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LOBBYING REPORT

04 FEB 24 PM 2: 28

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

1. Registrant Name Covington & Burling			
2. Address <input type="checkbox"/> Check if different than previously reported. 1201 Pennsylvania Avenue, N.W. Washington, DC 20004-2401			
3. Principal Place of Business (if different from line 2) City: N/A State/Zip (or Country)			
4. Contact Name Jack Schenendorf	Telephone 202-662-5321	Email (optional) jschenendorf@cov.com	5. Senate ID # 11195-797
7. Client Name <input type="checkbox"/> Self Koch Industries			6. House ID # 31827072

TYPE OF REPORT 8. Year 2003 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 _____ 11. No Lobbying Act

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" 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 for the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client.)</p>	<p>EXPENSES relating to lobbying activities for reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instruction description of options.</p> <p><input checked="" type="checkbox"/> Method A. Reporting amounts using LD definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 of the Internal Revenue Code</p>

Signature _____

Date February 9, 2004

Printed Name and Title

Jack Schenendorf

DC: 1228871-2

Registrant Name Covington & Burling

Client Name Koch Industries

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

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

16. Specific lobbying issues

General Reauthorization

17. House(s) of Congress and Federal agencies contacted Check if None

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

Name	Covered Official Position (if applicable)
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Jack Schenendorf	
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19. Interest of each foreign entity in the specific issues listed on line 16 above Check if No

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Signature _____
Printed Name and Title **Jack Schenendorf**

Date **February 9, 2004**

Registrant Name Covington & Burling

Client Name Koch Industries

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, client or affiliated organization

Signature _____
Printed Name and Title _____

Jack Schenendorf
Jack Schenendorf

Date **February 9, 2004**