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05 FEB 23 PM 2:21

LOBBYING REPORT

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

1. Registrant Name McGovern & Smith			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1620 L Street, N.W. Suite 1210 City Washington State/Zip (or Country) DC 20036 USA			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Carl M. Smith			5. Senate ID # 18205-696
Telephone 202/955-6062			E-mail (optional)
7. Client Name <input type="checkbox"/> Self ChevronTexaco			6. House ID # 33582055

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-D

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

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 from 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 this 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 accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013(b)(7) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(m) of the Internal Revenue Code</p>

Signature _____ Date _____

Printed Name and Title **Carl M. Smith - Partner** _____ I