

Clerk of the House of Representatives
 Legislative Resource Center
 B-106 Cannon Building
 Washington, DC 20515

Secretary of the Senate
 Office of Public Records
 232 Hart Building
 Washington, DC 20510

SECRETARY OF THE SENATE

LOBBYING REPORT

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

1. Registrant Name LAWRENCE J. SMITH, P.A.			
2. Address <input type="checkbox"/> Check if different than previously reported 3111 STIRLING RD			
3. Principal Place of Business (if different from line 2) City: FORT LAUDERDALE State/zip (or Country) FL 33312			
4. Contact Name LAWRENCE J. SMITH		Telephone	5. Senate ID 357
7. Client Name <input type="checkbox"/> Self MICCOSUKEE TRIBE OF INDIANS OF FLORIDA		E-mail (optional)	6. House ID 33

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) OR Year End (July :

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 Lo

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p style="text-align: center;">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>20,000.00</u> <small>Income (nearest \$20,000)</small></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 style="text-align: center;">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ <small>Expenses (nearest \$</small></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 de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>

Signature _____

[Handwritten Signature] P.A.

Date _____

2/14/05

Printed Name and Title

Lawrence J. Smith, Pres.

LD-2 (REV. 4/03)

PAGE

Registrant Name LAWRENCE J. SMITH, P.A. Client Name MICCOSUKEE TRIBE OF INDIANS

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

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

16. Specific lobbying issues

NONE.

17. House(s) of Congress and Federal agencies contacted

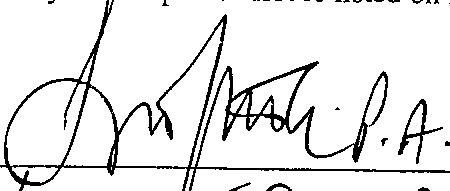
Check if None

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

Name	Covered Official Position (if applicable)
LAWRENCE J. SMITH	

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature 

Date 2/14/0

Printed Name and Title LAURENCE J. SMITH, PRES

Form LD-2 (Rec. 4/03)

Page

Registrant Name Lawrence J. Smith, P.A. Client Name MICCOSUKEE TRIBE OF INDIANS

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

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 (city and state)

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

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

Signature

Lawrence J. Smith, P.A.

Date

2/14/11

Printed Name and Title

Printed Name and Title

OFFICER OF THE COURT, TRES -

Form LD-2 (Rev. 4/03)

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