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LOBBYING REPORT

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

1. Registrant Name				
Larry J. Silverman				
2. Address Check if different than previously reported				
7308 Birch Avenue Takoma Park, MD 20912		m		
3. Principal Place of Business (if different from line 2)				
City: State/Z	Zip (or Country)			
4. Contact Name Telephone	E-mail (optional)	5. Senate ID# 46197-		
Larry J. Silverman (301) 495-0746	ljsilverman@erols.com	-4250		
7 Client Name Self		6. House ID#		
New Bedford Oca	eanarium	34333		
9. Check if this filing amends a previously filed version of this 10. Check if this is a Termination Report → Termination INCOME OR EXPENSES - Complete Either	Date 12/31/2001	11. No Lobbying		
12. Lobbying Firms	13. Organiza			
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying active period were:			
Less than \$10,000 · 🗹	Less than \$10,000 🗖			
\$10,000 or more □ ⇒ \$	\$10,000 or more □ ⇒ \$	enses (nearest \$20,00		
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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of			
	Method A. Reporting amounts using LDA definiti			
	Method B. Reporting amounts under section 6033 Internal Revenue Code			
	Method C. Reporting amounts u Internal Revenue Co			
Signature				
	iverman Attorney			

Filing #9a00360c-0da6-4eb4-95af-8837d7efa9fc - Page	e 2 of 4

Larry J. Silverman	Client Name_	New	Bedford Ocean	<u>narlu</u>
on behalf of the client dur	ing the reporting p	reflect the period. Usi	e general issue areas in whic ng a separate page for eac	h the re h code,
rea code SCI (on	e per page)			
enarium Programs on with facility on funding				
ongress and Federal agencie	es contacted	□ Ch	eck if None	
individual who acted as a l	obbyist in this issi		Covered Official Position (if applicab	le)
***************************************				o: 200200000000000

·				***************************************

foreign entity in the specific	issues listed on line	16 above	☐ Check if None	***************************************
	vity. Select as many coors on behalf of the client durested. Attach additional parea code SCI (on ing issues an arium Programs on with facility on funding rbor Trustees ongress and Federal agencies individual who acted as a linear way of the selection of the se	VITY. Select as many codes as necessary to gon behalf of the client during the reporting pested. Attach additional page(s) as needed. Tea code SCI (one per page) Ing issues Banarium Programs On with facility On funding rhor Trustees Songress and Federal agencies contacted Individual who acted as a lobbyist in this issues Name	VITY. Select as many codes as necessary to reflect the con behalf of the client during the reporting period. Usinested. Attach additional page(s) as needed. rea code SCI (one per page) Ing issues Inarium Programs In funding report Trustees In fundin	VITY. Select as many codes as necessary to reflect the general issue areas in whice on behalf of the client during the reporting period. Using a separate page for each ested. Attach additional page(s) as needed. rea code SCI (one per page) Ing issues Ing

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