

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  
02 OCT 16 AM 8:15

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 9/1/2002

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name Locke Liddell & Sapp LLP

Address 100 Congress Avenue; Suite 300

City Austin

State TX

Zip 78701

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(512) 305-4700

Contact Terral R. Smith

E-mail (optional) tsmith@lor

6. General description of registrant's business or activities

Law Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check labeled "Self" and proceed to line 10.*  Self

7. Client name Ortho Biotech

Address 430 Route 22 East

City Bridgewater

State NJ

Zip 08807

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Manufacturer of health care products

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Terral R. Smith</u>	
.....	
.....	
.....	
.....	

|

Registrant Name Locke Liddell & Sapp LLP Client Name Ortho Biotech

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p:

HCR      MAN      MED      MMM

12. Specific lobbying issues (current and anticipated)

Represent the interests of the client with regard to current Medicare reimbursement, changes in reimbursement and coverage policies.

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **OR**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or supervises the lobbying activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

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

Signature Terral R. Smith Date 10/3/02

Printed Name and Title Terral R. Smith, Partner



Office of the Clerk  
Legislative Resource Center  
Lobby Disclosure Act  
Request for Notification of Receipt by E-mail

Please complete the following information if you would like to receive an e-mail confirming receipt of your original filing.

**Registrant's Name:** Locke Liddell & Sapp LLP

**House Identification Number:** \_\_\_\_\_

**Contact Name:** Terral R. Smith

**Contact Title:** Partner

**Contact E-mail Address:** tsmith@lockeliddell.com

**Contact's Daytime Phone Number:** (512) 305-4700

**CLEAR FORM**

**PRINT FORM**

