

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  
03 JAN -9 AM

# LOBBYING REPORT

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

1. Registrant Name <u>ROBERT E. SMITH</u>		
2. Address: <input type="checkbox"/> Check if different than previously reported <u>5903 MT. EAGLE DR. #1404</u>		
3. Principal Place of Business (if different from line 2) City: <u>ALEXANDRIA, VA.</u> State/Zip (or Country) <u>VA. 22303</u>		
4. Contact Name <u>ROBERT E. SMITH</u>	Telephone <u>(703) 329-9514</u>	E-mail (optional)
7. Client Name <input type="checkbox"/> Self <u>OLIN CORPORATION</u>		5. Senate ID # <u>35797-11</u>
		6. House ID # <u>3385200</u>

**TYPE OF REPORT** 8. Year \_\_\_\_\_ Midyear (January 1-June 30)  OR Year End (July 1-Dec)

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

<p><b>12. Lobbying Firms</b></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> 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><b>13. Organizations</b></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 \$10,000)</p> <p><b>14. REPORTING METHOD.</b> 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)(C) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p>
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Signature Robert E. Smith 1/2/03

Printed Name and Title ROBERT E. SMITH, PRESIDENT



Registrant Name Robert E. Smith Client Name Olin Corporation

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

15. General issue area code None (one per page)

16. Specific lobbying issues

New Dollar Coin

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

Check if None


U.S. House of Representatives  
U.S. Senate  
U.S. Mint  
U.S. Treasury  
Federal Reserve

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

Name	Covered Official Position (if applicable)
<u>Robert E. Smith</u>	

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

Check if None

Signature  Date 1/2/03

Printed Name and Title ROBERT E. SMITH, PRESIDENT



Registrant Name Robert E. Smith

Client Name OLIN CORPORATION

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

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

16. Specific lobbying issues

Chlor Alkali Products

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)
<u>Robert E. Smith</u>	
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.....	.....
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

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

Check if None

Signature Robert E. Smith

Date 1/2/02

Printed Name and Title Robert E. Smith, President



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

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

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

16. Specific lobbying issues

AMMUNITION  
FIRE ARMS

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)
<u>Robert E. Smith</u>	

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

Check if None

Signature *Robert E. Smith* Date 1/4/03  
Name and Title Robert E. Smith, PRESIDENT

