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03 FEB 24 PM 12:18

LOBBYING REPORT

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

| | | | |
|--|----------------------------|------------------------|----------------------------------|
| 1. Registrant Name <u>LAWRENCE J. SMITH</u> | | | |
| 2. Address <input type="checkbox"/> Check if different than previously reported <u>3111 STIRLING ROAD, FORT LAUDERDALE, FL. 33312</u> | | | |
| 3. Principal Place of Business (if different from line 2) | | | |
| City: | <u>SAME</u> | State/Zip (or Country) | |
| 4. Contact Name | Telephone | E-mail (optional) | 5. Senate ID # <u>35775-1</u> |
| <u>SAME</u> | | | 6. House ID # <u>339450</u> |
| 7. Client Name <input type="checkbox"/> Self | <u>BROWARD COUNTY, FL.</u> | | |

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇒ \$ 20,000.00
Income (nearest \$20,000)

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).



13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇒ \$ _____
Expenses (nearest \$20,000)

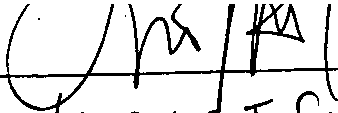
14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 6033 Internal Revenue Code

Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____



Printed Name and Title _____

LAWRENCE J. SMITH, SOLE PROPRIETOR

102

P

Signature _____ Date 2/7/03

Printed Name and Title Laurence J. Smith, Sole Proprietor

Form LD 7 (Rev 6/98)

Registrant Name LAWRENCE J. SMITH Client Name BROWARD COUNTY, FL.

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

HR 4775 FY 2003 EMERGENCY SUPPLEMENTAL BILL
S. 2551 FY 2003 EMERGENCY SUPPLEMENTAL BILL

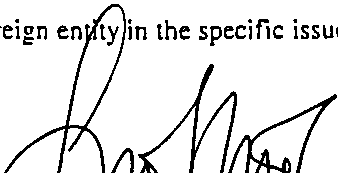
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. House of Rep.
U.S. SENATE

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

| Name | Covered Official Position (if applicable) |
|--------------------------|---|
| <u>LAWRENCE J. 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 _____ Date 2/7/03

Printed Name and Title LAWRENCE J. SMITH, SOLE PROPRIETOR

Form 1 D 2 (R)

Registrant Name LAWRENCE J. SMITH Client Name BROWARD COUNTY, FL.

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

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

16. Specific lobbying issues

FY 2003 TRANSPORTATION APPROPRIATIONS
S 2808 FY 2003 TRANSPORTATION APPROPRIATIONS

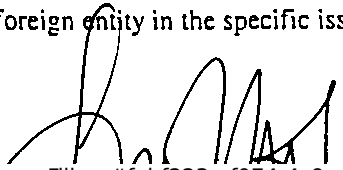
17. House(s) of Congress and Federal agencies contacted Check if None

U.S. HOUSE OF REPRESENTATIVES
U.S. SENATE.

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

| Name | Covered Official Position (if applicable) |
|--------------------------|---|
| <u>LAWRENCE J. 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 _____ Date 2/7/03

Printed Name and Title LAWRENCE J. SMITH, SOLE PROPRIETOR

Form I.D. 2 6/02

Registrant Name LAWRENCE J. SMITH Client Name BROWARD COUNTY, FL.

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

X

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

X

LOBBYIST UPDATE

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

X

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

X

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

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

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

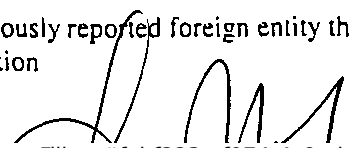
X

FOREIGN ENTITIES

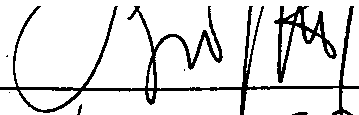
27. Add the following foreign entities

| Name | Address | Principal place of business (city and state or country) | Amount of contribution for lobbying activities | C F C |
|------|---------|---|--|-------------|
| | | X | | |

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



Signature



Date

2/7/03

Printed Name and Title

LAWRENCE J. SMITH, SOLE PROPRIETOR