

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 SE

01 AUG 10 AM 11:

LOBBYING REPORT

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

1. Registrant Name <u>Smith, Buckler & Association</u>			
2. Address <input type="checkbox"/> Check if different than previously reported <u>2025 M Street, NW, Suite 800</u>			
3. Principal Place of Business (if different from line 2) City: <u>Washington</u> State/Zip (or Country) <u>DC 20036</u>			
4. Contact Name <u>Deborah Outlaw</u>	Telephone <u>202-367-7175</u>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <u>National Vision Rehabilitative Cooperative</u>			6. House ID # <u>31728</u>

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobbyi

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>10,000</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description
	<input type="checkbox"/> Method A. Reporting amounts using LDA default
	<input type="checkbox"/> Method B. Reporting amounts under section 6115 Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Deborah Outlaw

Printed Name and Title

Deborah Outlaw, SR DIR, #CPG



Registrant Name Smith, Buckler Client Name National Vision Rehab

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

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

16. Specific lobbying issues

Medicare Reimbursement

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

U-S House of Representatives
U-S Senate
Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
<u>Deborah Outlaw</u>	
<u>Jodi Chappell</u>	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature DOutlaw Date 2/3/11
Printed Name and Title Deborah Outlaw, SR DIR, HCPG



Registrant Name Smith Buckley Client Name National Vision Rehabilit

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

20. Client new address

2025 M St. NW Suite 800

21. Client new principal place of business (if different from line 20)

City Washington

State/Zip (or Country)

DC 20036

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 client

Justine Handelman

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 of Business (city and state or country)

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 Deborah Outlaw

Date

7/3/11

Printed Name and Title Deborah Outlaw, SR DIR, HGPS

