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LOBBYING REPORT

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

1. Registrant Name Smith Dawson & Andrews			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1000 Connecticut Avenue NW Suite 302 City Washington State/Zip (or Country) DC 20036			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Amy Williams		Telephone 202-835-0740	E-mail (optional) amy@sda-inc.com
7. Client Name <input type="checkbox"/> Self Wound Ostomy Continence Nurses			5. Senate ID # 6. House ID #

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 Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ 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 align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Amy Williams Date 1/14/05

Printed Name and Title Amy Williams - Office Manager F

Registrant Name: Smith Dawson & Andrews

Client Name: Wound Ostomy Continence Nurses

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

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

16. Specific Lobbying issues
Medicare and Managed Care Reform
Home Health Issues
Long Term Health Care Reform

17. House(s) of Congress and Federal agencies contacted
Department of Health & Human Services
House of Representatives
Senate

Check if None

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

Name	Covered Official Position (if applicable)
Andrews, Gregory B.	
Powar, Sherri	Press Secretary/Dennis Eckart

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

Check if None

Ann Williams

Signature Amy Williams Date -----

Printed Name and Title Amy Williams - Office Manager P:

Registrant Name: Smith Dawson & Andrews

Client Name: Wound Ostomy Continence Nurses

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

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

16. Specific Lobbying issues
Medicare/Medicaid Reform

17. House(s) of Congress and Federal agencies contacted Check if None
Dept of Health and Human Services
House of Representatives
NIH
Senate

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

Name	Covered Official Position (if applicable)
Andrews, Gregory B.	
Powar, Sherri	Press Secretary/Dennis Eckart

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

Andrews, Gregory B.

Signature *Amy Williams* Date -----

Printed Name and Title Amy Williams - Office Manager P