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### LOBBYING REPORT

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

1. Registrant Name <i>Smith, Buckley &amp; Associates</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>2025 M Street NW, Suite 800</i>			
3. Principal Place of Business (if different from line 2) City: <i>Washington</i> State/Cap (or Country) <i>DC 20036</i>			
4. Contact Name <i>Deborah Outlaw</i>	Telephone <i>202 367-1175</i>	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self <i>National Vision Rehabilitation Cooperative</i>			6. House ID # <i>31728030</i>

TYPE OF REPORT 8. Year ~~2012~~ 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 Activity

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><i>40,000</i></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 \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under Section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

Signature *D. Outlaw*  
Printed Name and Title *Deborah Outlaw, Senior Director.*  
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Registrant Name Smith, Buckley & Associates Client Name National Vision Rehabilitation Cooperative

**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 Reimbursement.

17. House(s) of Congress and Federal agencies contacted  Check if None  
US. House of Representatives  
US. 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)	New
<u>Jim Rathbun</u>		<input type="checkbox"/>
<u>Jodi Chappell</u>		<input type="checkbox"/>
<u>Justin Wendelman</u>		<input type="checkbox"/>
		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature [Signature] Date 2/13/01

Printed Name and Title Debraan Duttaw, Senior Director

Registrant Name Smith, Arthur Assoc Client Name National Vision Rehabilitation Cooperative

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

20. Client new address

2025 M Street 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

Asua Ofosu  
Jill Rathbun

**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	Ownership percentage in client

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

Signature [Signature] Date 2/13/01

Printed Name and Title Reberah Outlaw, Senior Director