

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

05 FEB 15 AM 10:42

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 Telephone E-mail (optional) Amy Williams 202-835-0740 amy@sda-inc.com			5. Senate ID
7. Client Name <input type="checkbox"/> Self Performance Communications Group			6. House ID

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) **OR** Year End (July 1-

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 Lot

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 reporting 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>\$22,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest _____)
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 definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6 of the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 1 of the Internal Revenue Code

Signature *Amy Williams* Date

Printed Name and Title **Amy Williams - Office Manager**

Registrant Name: Smith Dawson & Andrews

Client Name: Performance Communications Group

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 ADV (one per page)

16. Specific Lobbying issues

Provide government relations expertise and strategic & communications services to clients worldwide.


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)
<i>James P. Smith</i>	

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

James P. Smith

Signature  Date 11/11/2022

Printed Name and Title Amy Williams - Office Manager

Registrant Name: Smith Dawson & Andrews

Client Name: Performance Communications Group

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 GOV (one per page)

16. Specific Lobbying issues
Same as ADC


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>James P. Smith</u>	

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

Ann Williamson

Signature 

Printed Name and Title **Amy Williams - Office Manager**