

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  
04 AUG 12 F

## LOBBYING REPORT

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

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

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

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 Lobby

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

| 12. Lobbying Firms  | 13. Organizations   |
|---|---|
| <b>INCOME</b> relating to lobbying activities for this reporting period was:  | <b>EXPENSES</b> relating to lobbying activities for this reporting period were:                           |
| Less than \$10,000 <input checked="" type="checkbox"/>  | Less than \$10,000 <input type="checkbox"/>   |
| \$10,000 or more <input type="checkbox"/> >> \$ _____<br>Income (nearest \$20,000)  | \$10,000 or more <input type="checkbox"/> >> \$ _____<br>Expenses (nearest \$2)                           |
| 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). | <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of |
|   | <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definit                             |
|   | <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603. the Internal Revenue Code  |
|   | <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code       |

*Amy Williams*

Signature *Amy Williams* Date         

Printed Name and Title Amy Williams - Office Manager Pa

Registrant Name: Smith Dawson & Andrews

Client Name: Bone Care International

**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-related issues.

17. House(s) of Congress and Federal agencies contacted

Check if None

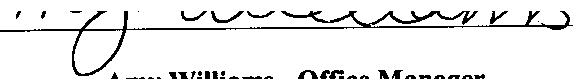
18. Name of each individual who acted as a lobbyist in this issue area

| Name                       | Covered Official Position (if applicable) |
|----------------------------|---|
| <u>Christopher Courson</u> |   |
| <u>Jed D'Ercole</u>        |   |
| <u>James Smith</u>         |   |
|                            |   |
|                            |   |
|                            |   |
|                            |   |

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

Check if None

Amel M. M. M. M. M.

Signature  Date 5/2/2020

Printed Name and Title Amy Williams - Office Manager Pa