

01 FEB 13 PM 3:35

LOBBYING REPORT

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

1. Registrant Name Halsey, Rains & Associates, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 2111 Wilson Boulevard, Suite 600, Arlington, Virginia 22201			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country): _____			
4. Contact Name Laurie D. Rains	Telephone (703) 351-3077	E-mail (optional) laurie@halseyrains.com	5. Senate ID # 17396-12
7. Client Name <input type="checkbox"/> Self (CPC) Coalition for Professional Certification			6. House ID # 34030001

TYPE OF REPORT 8. Year 2000 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>12. Lobbying Firms</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>20,000</u> <small>Income (nearest \$20,000)</small></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>13. Organizations</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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. 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 _____

Printed Name and Title Laurie D. Rains, Partner/Member of LLC

Registrant Name Halsey, Rains & Assoc. Client Name Coalition for Professional Certification

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

Issues of importance to the coalition, specifically relating to Professional Certification.

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

United States Senate
U.S. House of Representatives
Veterans Affairs Committee (House)
Health Care Finance Administration

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

Name	Covered Official Position (if applicable)	New
Laurie D. Rains	Member LLC	<input type="checkbox"/>
Steven C. Halsey	Managing Member LLC	<input type="checkbox"/>
James B. Hubbard	Member LLC	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature _____ Date _____

Printed Name and Title Laurie D. Rains, Partner/Member of LLC

Registrant Name Halsey, Rains & Assoc. Client Name Coalition for Professional Certification

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

Issues of Importance to the coalition, specifically relating to Professional Certification.

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

United States Senate
U.S. House of Representatives
Veterans Affairs Committee (House)
Health Care Finance Administration

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

Name	Covered Official Position (if applicable)	New
Laurie D. Rains	Member LLC	<input type="checkbox"/>
Steven C. Halsey	Managing Member LLC	<input type="checkbox"/>
James B. Hubbard	Member LLC	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input 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 _____ Date _____

Printed Name and Title Laurie D. Rains, Partner/Member of LLC

Registrant Name Halsey, Rains & Assoc. Client Name Coalition for Professional Certification

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 VET (one per page)

16. Specific lobbying issues

Issues of importance to the coalition, specifically relating to Professional Certification.

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

United States Senate
U.S. House of Representatives
Veterans Affairs Committee (House)
Health Care Finance Administration

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

Name	Covered Official Position (if applicable)	Now
Laurie D. Rains	Member LLC	<input type="checkbox"/>
Steven C. Halsey	Managing Member LLC	<input type="checkbox"/>
James B. Huffard	Member LLC	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input 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 _____ Date _____

Printed Name and Title Laurie D. Rains, Partner/Member of LLC

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 SMB (one per page)

16. Specific lobbying issues

Issues of importance to the coalition, specifically relating to Professional Certification.

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

United States Senate
 U. S. House of Representatives
 Veterans Affairs Committee (House)
 Health Care Finance Administration

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

Name	Covered Official Position (if applicable)	New
Laurie D. Rains	Member LLC	<input type="checkbox"/>
Steven C. Halsey	Managing Member LLC	<input type="checkbox"/>
James B. Hubbard	Member LLC	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input 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 _____ Date _____

Printed Name and Title Laurie D. Rains, Partner/Member LLC

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

20. Client new address

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

City

State/Zip (or Country)

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

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)
The Chauncey Group Intn'l	Princeton, NJ	USA
Computer Adaptive Tech.	Evanston, IL	USA
Nat'l Council on Family Relations	Minneapolis, MN	USA
American Society of Military Comptrollers	Alexandria, VA	USA

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

The Healthcare Quality Certification Board The American Nurses Credentialing Center
 National Organization for Competency Assurance The American Council on Exercise

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 _____

Date _____

Printed Name and Title Laurie Rains, Partner/Member of LLC

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

20. Client new address

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

City

State/Zip (or Country)

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

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)
Nat'l Comm. for the Certification of Crane Operators, Fairfax, VA		USA
American Podiatric Medical Specialties Board, N.Y., N.Y.		USA
Intern'l Board of Lactation Consultant Examiners, Falls Church, VA		USA

26. Name of each previously reported organization that is no longer affiliated with the registrant or client
 International Air Filtration Certifiers Association
 The Medical Transcriptionists Certification Program

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 Laurie Rains Date 2-13-01

Printed Name and Title Laurie Rains, Partner/Member of LLC