

Halsey, Rains & Associates, L.L.C.

SECRETARY OF THE SENATE

00 APR 27 PM 2:28

H. O.

April 25, 2000

Senate Office of Public Records
232 Hart Senate Office Building
Washington, DC 20510

RE: ID: 17396-36
National Association of
Portable X-ray Providers

Dear Sir/Madam:

The House of Representatives has just notified me that they did not receive my report covering the period of July 1, 1999 to December 31, 1999 in behalf of the National Association of Portable X-Ray Providers.

Upon receipt of their correspondence I immediately checked my records and found that this form was not prepared, signed and sent to either of your offices as I directed earlier this year. Please excuse the delay in the submission of this report and know that every effort will be made to see that this situation does not happen again.

Your assistance in processing and recording the enclosed report as a part of your records is respectfully requested. Thank you for your time and attention to this matter.

Sincerely,



Laurie D. Rains
Halsey, Rains and Associates, L.L.C.

LDR:db
Enclosures: Reports (3)
cc: House of Representatives

2111 Wilson Boulevard • Suite 600 • Arlington, VA 22201 • Phone (703) 351-5077 • FAX (703) 351-5827 • e-mail HRALOBBY@aol.com

00 APR 27 PM 2:28

H.D.

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 checked="" type="checkbox"/> Check if different than previously reported 2111 Wilson Boulevard, Suite 600, Arlington, VA 22201				
3. Principal Place of Business (if different from line 2) City: SAME State/Zip (or Country)				
4. Contact Name Laurie Rains	Telephone (703) 379-7994	New: <input type="checkbox"/>	E-mail (optional) Laurie@HalseyRains.com	5. Senate ID # 17396-36
7. Client Name <input type="checkbox"/> Self National Association of Portable X-Ray Providers				6. House ID # 34030002

TYPE OF REPORT 8. Year 1999 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>100,000</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>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"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input checked="" 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 _____

Laurie D. Rains

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 MMM (one per page)

16. Specific lobbying issues

Issues relating to portable X-ray services and medicare/medicaid.

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

Small Business Administration
 House of Representatives
 United States Senate
 Health Care Financing 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		<input type="checkbox"/>
Steven C. Halsey		<input type="checkbox"/>
		<input 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 Laurie D. Rains Date 4-26-2000

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

Registrant Name Halsey, Rains & Assoc. Client Name Nat'l Assoc. of Portable X-Ray Providers

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 relating to portable X-ray services and medicare/medicaid.

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

Small Business Administration
House of Representatives
United States Senate
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)	New
<u>Laurie D. Rains</u>		<input type="checkbox"/>
<u>Steven C. Halsey</u>		<input type="checkbox"/>
		<input 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 Laurie D. Rains Date 4-26-2000

Printed Name and Title Laurie D. 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)
National Association of Portable X-Ray Providers PAC (NAPXP-PAC)	2111 Wilson Blvd. Suite 600 Arlington, Virginia 22201	USA

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 Laurie D. Rains Date 4-26-2000

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