

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

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Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETARY OF

04 FEB 17

LOBBYING REPORT

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

1. Registrant Name		Halsey, Rains & Associates L.L.C	
2. Address	<input type="checkbox"/> Check if different than previously reported	415 Second Street N.E., Suite 100	
3. Principal Place of Business (if different from line 2)			
City:	Washington, D.C.	State/Zip (or Country)	20002
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Laurie D. Rains	(202) 546-9600	laurie@halseyrains.com	17
7. Client Name	<input type="checkbox"/> Self	6. House ID #	
Board of Orthotist/Prosthetist (BOC)		340	

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-D

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 Lobbyi

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> 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 r 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 indic accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defi</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Laurie D. Rains *Secretary of the Senate*

Signature Laurie D. Rains MEMBER/ PARTNER L.L.C.

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

Page 1 of

Registrant Name Halsey, Rains & Assoc. Client Name Board of Orthotist/Prosthetist C

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod 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 reimbursement and recognition under Medicare.

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

U.S. Senate

U.S. House of Representatives

Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Steven C. Halsey	Managing Member L.L.C.
Laurie D. Rains	Member L.L.C.

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

Signature _____ Date 2/17/04

Registrant Name Halsey, Rains & Assoc. Client Name Board of Orthotist/Prosthetist

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod 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 reimbursement and recognition under Medicare.

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

U.S. Senate

U.S. House of Representatives

Center for Medicare and Medicaid Services

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

Name	Covered Official Position (if applicable)
Steven C. Halsey	Managing Member L.L.C.
Laurie D. Rains	Member L.L.C.

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

Signature _____ Date 2/17/04

Registrant Name Halsey, Rains & Associates Client Name Board of Orthotist/Prosthetist

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code LBR (one per page)

16. Specific lobbying issues

Issues relating to reimbursement and recognition under Medicare.

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

- U.S. Senate
- U.S. House of Representatives
- Center for Medicare and Medicaid Services.

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

Name	Covered Official Position (if applicable)
Steven C. Halsey	Managing Member L.L.C.
Laurie D. Rains	Member L.L.C.

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

Signature Laurie Rains Member Partner Date 2/17/04

