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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	17296-11
7. Client Name <input type="checkbox"/> Self	National Surgical Assistant Association		6. House ID # 34030008

TYPE OF REPORT 8. Year 2003 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 Activities

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 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 accounting method. See instructions for description.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature

Laurie Rains

8/14/03

Registrant Name Halsey, Rains & Associates Client Name National Surgical Assistant Assoc

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 SMB (one per page)

16. Specific lobbying issues

Medicare reimbursement & recognition.

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 _____

Registrant Name Halsey, Rains & Associates Client Name National Surgical Assistant Assoc

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

Medicare reimbursement & recognition.

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 _____

Registrant Name Halsey, Rains & Associates Client Name National Surgical Assistant Assoc

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

Medicare reimbursement & recognition.

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 _____

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

Registrant Name Halsey, Rains & Associates Client Name National Surgical Assistant Asso

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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare reimbursement & recognition.

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 _____

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