

Clerk of the House of Representatives
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Office of Public Records
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Washington, DC 20510

SECRETARY OF
05 FEB 17 PM

LOBBYING REPORT

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

1. Registrant Name Behar & Kalman			
2. Address <input type="checkbox"/> Check if different than previously reported 6 Beacon Street, Suite 312, Boston, MA 02108			
3. Principal Place of Business (if different from line 2) City: Same State/Zip (or Country)			
4. Contact Name Joyce A. Nee	Telephone 617.227.7660	E-mail (optional) jnee@beharkalman.com	5. Senate ID 3137
7. Client Name <input type="checkbox"/> Self National Association of Long Term Hospitals			6. House ID 3137

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

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

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>40,000.00</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 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 descriptions.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under section Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code</p>
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Signature Edward B. Kalman Edward B. Kalman

Printed Name and Title _____

LD-2 (REV 6/98)

Registrant Name Behar & Kalman Client Name National Association of Long

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

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

16. Specific lobbying issues

Long term care hospital payment and certification policy issu

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

House, Senate, Senters for Medicare & Medicaid Services.

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

Name	Covered Official Position (if applicable)
Edward D. Kalman	

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

Signature *Edward D. Kalman* Date 2/9/05
Printed Name and Title Edward D. Kalman, Partner

Form 1 D-2 (Rev 6/98)