

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE

**LOBBYING REPORT**

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

1. Registrant name				
Organization	Halsey Rains & Associates, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported				
Address 1	415 2nd Street NE	Suite 100		
City	Washington	State	DC	Country US
3. Principal place of business (if different than line 2)				
City	State	Zip Code	Country	
4a. Contact Name				
Prefix	Full Name	b. Telephone number	c. E-mail	5. Senate ID #
Ms.	Laurie Rains	202-546-9600	laurie@halseyrains.com	
7. Client Name <input type="checkbox"/> Self				6. House ID #
American Society of Orthopaedic Physician's Assistants				

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30)  OR Year End (July 1-December)

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 Acti

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<p align="center"><b>12. Lobbying Firms</b></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 type="checkbox"/> ⇨ \$ <u>20,000</u></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 align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of opti</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of Internal Revenue Code</p>
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Form Co

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



Registrant Name Halsey Rains & Associates, LLC

Client Name American Society of Orthopaedic Ph

**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 - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare recognition/reimbursement.

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

US House  
CMS

18. Name of each individual who acted as a lobbyist in this issue area *Add a page to continue adding lobbyists for !!*

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Steven	Halsey	Mr.	
Laurie	Rains	Ms.	

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



Registrant Name Halsey Rains & Associates, LLC

Client Name American Society of Orthopaedic Pt

**ADDENDUM for General Lobbying Issue Area MMM**

16. Specific lobbying issues (continued from previous page)

*Add page to continue specific issues description for this i*







Registrant Name Halsey Rains & Associates, LLC Client Name American Society of Orthopaedic Ph

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

20. Client new address

Address

City

State

Zip Code

Country

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

City

State

Zip Code

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

First Name

Last Name

Suffix

First Name

Last Name

Su

1

3

2

4

**ISSUE UPDATE**

Find the code to select below.

24. General lobbying issues that **no longer** pertain

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	Country
	C/S/Z	City
		State

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

1

2

3

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Street Address	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owr perc elien
	City	State/Province	Country		
			City		
			State		
			Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, affiliated organization

1

3

5

2

4

6

Add a page for more u

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

