

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 SENATE

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**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	Telephone	E-mail (optional)	5. Senate ID
Joyce A. Nee	617.227.7660	jnee@beharkalman.com	313750
7. Client Name <input type="checkbox"/> Self	6. House ID		
National Association of Long Term Hospitals	313750		

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

**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 checked="" type="checkbox"/> ⇒ \$ 20,000.00 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 align="center"><b>13. Organizations</b></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 \$)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA def</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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Signature *Edward D. Kalman* /

Edward D. Kalman, Partner

Printed Name and Title \_\_\_\_\_

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 issues

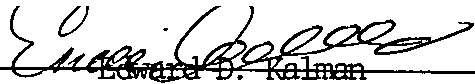
17. House(s) of Congress and Federal agencies contacted  Check if None

House, Senate, Centers 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  Date 2/3/04

Printed Name and Title \_\_\_\_\_