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RECEIVED.  
SECRETARY OF THE SENATE

06 FEB 15 PM 2:00  
**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  Check if different than previously reported  
Address 1 415 2nd Street NE Suite 100  
City Washington State DC Zip Code 20002 Country USA

3. Principal place of business (if different than line 2)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_  
State/Zip or Country \_\_\_\_\_

4a. Contact Name Prefix Ms. Full Name Laurie Rains b. Telephone number 202-546-9600 c. E-mail laurie@halseyrains.com

5. Senate ID # \_\_\_\_\_

7. Client Name  Self  
American Society of Orthopaedic Physician's Assistants

6. House ID # 34030011

TYPE OF REPORT 8. Year 2005 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 Activity

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

**12. Lobbying Firms**

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000   
\$10,000 or more  ⇨ \$ 40,000

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).

**13. Organizations**

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000   
\$10,000 or more  ⇨ \$ \_\_\_\_\_

**14. REPORTING METHOD.** Check box to indicate expense accounting method. See instructions for description of options.

**Method A.** Reporting amounts using LDA definitions only  
 **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code  
 **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Form Complete

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

0000080514



Registrant Name Halsey Rains & Associates, LLC

Client Name American Society of Orthopaedic Pl

**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 this*

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

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

10000080515



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

**ADDENDUM for General Lobbying Issue Area** MMM

16. Specific lobbying issues (continued from previous page)

[Empty rectangular box for specific lobbying issues description]

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

000080516



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

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

15. General issue area code LBR - Labor Issues/Antitrust/Workplace (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Related to job classification and apprenticeship program.

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

US DOL

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

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

Add a page for a different issue

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

1598888888



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

**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

1	First Name	Last Name	Suffix	3	First Name	Last Name	Suf
2				4			

**ISSUE UPDATE**

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

Find the code to select below

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

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

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

1	2	3
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**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	Ownersh percenta client
City	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, client affiliated organization

1	3	5
2	4	6

Add a page for more updates

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

30000080518

