

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 Halsey, Rains & Associates, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 415 Second Street, NE, Suite 100			
3. Principal Place of Business (if different from line 2) Washington DC, 20002 City: State/zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Laurie Rains	(202) 546-9600	laurie@halseyrains.com	17396-113
7. Client Name <input type="checkbox"/> Self National Surgical Assistant Association			6. House ID # 34030008

**TYPE OF REPORT** 8. Year 2004 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 

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>40,000.00</u> Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)
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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt
	<input type="checkbox"/> Method A. Reporting amounts using LDA definition
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(c) Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

*Laurie Rains*Date **August 2, 2004**



Registrant Name Halsey, Rains & Associates, LLC Client Name National Surgical Assistant Association

**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

US House  
US Senate  
Center for Medicare & 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 LLC
Laurie D. Rains	Member LLC

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

Signature Laurie Rains Date 8/2/04

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



Registrant Name Halsey, Rains & Associates, LLC Client Name National Surgical Assistant Association

**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 SMB (one per page)

16. Specific lobbying issues

Medicare reimbursement & recognition.

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

US House  
US Senate  
Center for Medicare & 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 LLC
Laurie D. Rains	Member LLC

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

Signature Laurie Rains Date 8/2/04

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



Registrant Name Halsey, Rains & Associates, LLC Client Name National Surgical Assistant Association

**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 HCR (one per page)

16. Specific lobbying issues

Medicare reimbursement & recognition.

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

US House  
US Senate  
Center for Medicare & 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 LLC
Laurie D. Rains	Member LLC

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

Signature *Laurie Rains* Date 8/2/04

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



Registrant Name Halsey, Rains & Associates, LLC Client Name National Surgical Assistant Association

**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 LBR (one per page)

16. Specific lobbying issues

Issues relating to Job Classification and apprenticeship program.

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

US House  
US Senate  
Center for Medicare & Medicaid Services  
*US DOL*

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 LLC
Laurie D. Rains	Member LLC

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

Signature *Laurie Rains* Date 8/2/04

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

