

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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SECRET

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# 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	
415 Second Street, NE	Suite 100
City Washington	State DC Zip Code 20002 Country US
3. Principal place of business (if different than line 2)	
City Washington DC	State DC Zip Code 20002 Country US
4a. Contact Name Prefix Full Name	b. Telephone number c. E-mail
Ms. Laurie Rains	202-546-9600 laurie@halseyrains.com
5. Senate ID #	17396-1
7. Client Name <input type="checkbox"/> Self	6. House ID #
National Surgical Assistant Assoc.	340300

TYPE OF REPORT 8. Year 2004 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 Act

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

<p><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"/> ⇨ \$ <u>40,000</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><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this report 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 options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Form

*Laurie Rains*

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



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

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

Medicare reimbursement and recognition.

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

US Senate  
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 i*

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

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 National Surgical Assistant Assoc.

**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 - Health Issues (one per page)

16. Specific lobbying issues

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

Medicare reimbursement & recognition.  
General Health care.

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

US House  
US Senate 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 National Surgical Assistant Assoc.

**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 - Labor Issues/Antitrust/Workplace (one per page)

16. Specific lobbying issues *Add page to continue specific issues description for this issue*

Issues relating 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 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

*Add a page for a diff*



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

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

20. Client new address

Address 2615 Ambsbury Road

City Winston Salem

State NC

Zip Code 27103

Country US

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

Same. Medicare reimbursement and DOL recognition by job classification.

**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
<u>1</u>			<u>3</u>		
<u>2</u>			<u>4</u>		

**ISSUE UPDATE**

Find the code to select below.

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

SMB

**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 Country
	Address C/S/Z	City State

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

<u>1</u>	<u>2</u>	<u>3</u>
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**FOREIGN ENTITIES**

27. Add the following foreign entities

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

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

<u>1</u>	<u>3</u>	<u>5</u>
<u>2</u>	<u>4</u>	<u>6</u>

Add a page for more u

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

