

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

SECRETARY OF THE SENATE

05 FEB 11 2011 2:22
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		State	
		Zip Code	
Country			
4a. Contact Name		b. Telephone number	c. E-mail
Prefix	Full Name		
Ms.	Laurie Rains	202-546-9600	laurie@halseyrains.com
7. Client Name <input type="checkbox"/> Self			5. Senate ID #
Board for Orthotists/Prosthetists			17396-7
			6. House ID #
			3403000

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 align="center">12. Lobbying Firms</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 align="center">13. Organizations</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>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions or</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(c) of Internal Revenue Code</p>
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Form Co


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

Client Name **Board for Orthotists/Prosthetists**

15. General issue area code MMM - Medicare/Medicaid (one per page)

Add page to continue specific issues description for this issue

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

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

[illegible]

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

Registrant Name Halsey, Rains & Associates, LLCClient Name Board for Orthotists/Prosthetists

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.

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

US House and Senate
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 differ

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

Registrant Name Halsey, Rains & Associates, LLC Client Name Board for Orthotists/Prosthetists

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

HCR

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 Country
	Address	City
	C/S/Z	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 clier
	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

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

