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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Nusgart Consulting, LLC			
2. Address ☐ Check if different than previously reported 5225 Pooks Hill Road, Suite 1626 North, Bethesda, MD 20814			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Marcia Nusgart	Telephone 301-530-7846	E-mail (optional)	5. Senate ID # 48111-51
7. Client Name ☐ Self Sunrise Medical			6. House ID # 34467015

TYPE OF REPORT 8. Year 2002 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 Activities ☐

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 ☒ ⇒ \$ <u>40,000</u> Income (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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 ☐ \$10,000 or more ☐ ⇒ \$ _____ Expenses (nearest \$20,000) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method. ☐ Method A. Reporting amounts using LDA definition ☐ Method B. Reporting amounts under section 6033(b) Internal Revenue Code ☐ Method C. Reporting amounts under section 162(e) Internal Revenue Code
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Signature _____

Printed Name and Title Marcia Nusgart, President

Registrant Name Nusgart Consulting, LLC Client Name Sunrise Medical

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

Regulatory impacting coverage, coding and payment for wheelchairs, seating devices, respiratory devices used in the home

17. House(s) of Congress and Federal agencies contacted ☐ Check if None
CMS, Durable Medical Equipment Regional Carriers (DMERC) and Statistical Analysis DMERC contacted

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Marcia Nusgart	

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

Signature *Marcia Nusgart* Date February 11, 2003

Printed Name and Title Marcia Nusgart, President

