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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 <input type="checkbox"/> 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 # 48111-202
7. Client Name <input type="checkbox"/> Self Augustine Medical			6. House ID # 34467019

**TYPE OF REPORT** 8. Year 2001 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 Act

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ 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).	<b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of Internal Revenue Code

Signature \_\_\_\_\_

Printed Name and Title Marcia Nusgart, President



Registrant Name Nusgart Consulting, LLC

Client Name Augustine Medical

**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 MMM (one per page)

16. Specific lobbying issues

Regulatory action affecting Medicare coverage and payment for wound care products and supplies

17. House(s) of Congress and Federal agencies contacted

Check if None

HCFA and its subcontractors, the Durable Medical Equipment Regional Carriers (DMERC) and the Statistical Analysis DMERC (SADMERC) 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 August 8, 2001

Printed Name and Title Marcia Nusgart, President

