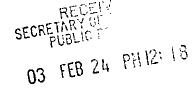
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



LOBBYING REPORT

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

Registrant Name Nusgart Consulting, LLC			
2. Address Check if different tha 5225 Pooks Hill Road, Suite	1626 North, Bethesda, MD	20814	
Principal Place of Business (if different City:		Zip (or Country)	
4. Contact Name Marcia Nusgart	Telephone 301-530-7846	E-mail (optional)	5. Senate ID#
7. Client Name Self Advanced Respiratory			6. House ID#
9. Check if this filing amends a pro 10. Check if this is a Termination INCOME OR EXPEN	Report □ ⇒ Termination	Date	11. No Lobbying Ac
12. Lobbying Firms		13. Organizations	
INCOME relating to lobbying ac period was:	tivities for this reporting	EXPENSES relating to lobbying period were:	activities for this reporti
Less than \$10,000 \$\square\$ \$10,000 or more \$\square\$ \$\square\$ \$_of all lobbying related income fit payments to the registrant by an activities on behalf of the client).	om the client (including all y other entity for lobbying	Method A. Reporting amounts using LDA definition Method B. Reporting amounts under section 6033(b Internal Revenue Code	
		Method C. Reporting amous Internal Revenue	
Signature Marcia	Norgat		
Printed Name and Title Marcia N	usgart, President		

Filing #4eb1c833-5fb6-4bdc-8208-c6bc1fc665b9 - Page 1 of 4

	PAGE
LD-2 (REV. 6/98)	PAGE

Registrant Name Nusgart Consulting, LLC	Client Name	Advanced Respiratory	
LOBBYING ACTIVITY. Select as many codengaged in lobbying on behalf of the client duri information as requested. Attach additional page	ing the reporting per	eflect the general issue areas in which the regriod. Using a separate page for each code, p	gis1 pro
15. General issue area code MMM (one	e per page)		
16. Specific lobbying issues Regulatory action impacting coverage, coding	g and påyment for res	spiratory devices used in the home	
17. House(s) of Congress and Federal agencies HHS/CMS/Durable Medical Equipment Region		Check if None	
18. Name of each individual who acted as a lob	byist in this issue ar		
Name		Covered Official Position (if applicable)	
Marcia Nusgart	***		
	401 1441		

	•••		

19. Interest of each foreign entity in the specific issue	es listed on line 16 abo	ove Check if None	
Signature Marcia Nur	gar	Date February 11, 2003	
Printed Name and Title Marcia Nusgart, President	•		