Secretary of the Senate
Clerk of the House of Representatives

SECRETARY OF THE SENATE
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For Official Use

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an amended registration ☐

REGISTRANT

1. Name of Registrant: Nusgart Consulting
   Address: 5225 Pooks Hill Rd #1624N
   City: Bethesda State: MD Zip: 20814
2. Principal place of business (*if different from line 1*)
   City: State/Zip (or Country):
3. Telephone number and contact name
   (301) 530-7646 Contact: Marcia Nusgart
4. General description of registrant's business or activities
   healthcare consulting/government affairs firm specializing in medical

CLIENT

A lobbying firm is required to file a separate registration for each client. An organization employing in-house lobbyists will indicate "Self" on line 5 and proceed to line 8.

5. Name of Client: Sunrise Medical
   Address: 7477-A East Dry Creek Parkway
   City: Longmont State: CO Zip: 80503
6. Principal place of business (*if different from line 5*)
   City: Carlsbad State/Zip (or Country): CA 92008
7. General description of client's business or activities
   medical device manufacturer

REGISTRANT EMPLOYEES

8. Name and title of each employee of the registrant who has acted or is expected to act as a lobbyist for the client identified on line 5. Indicate any employee who served as a "covered executive branch official" or "covered legislative branch official" within 2 years before the date that the employee first acted or will act as a lobbyist for the client, *and state the executive or legislative branch position(s) in which the employee served.* Attach Lobbing Registration Addendum if necessary.

   Marcia Nusgart, President

LOBBYING ISSUES

9. General lobbying issue areas (*select applicable codes, listed in instructions and on reverse side of Form LD-1, page 1*)

HCR MMM

10. Specific lobbying issues (current and anticipated)

anyaction affecting Medicare coverage/payment for durable medical equipment

AFFILIATED ORGANIZATIONS

11. Name, address, and principal place of business of any entity *other than the client* that contributes more than $10,000 to the lobbying activities covered by this registration in a semiannual period, *and* in whole or in major part plans, supervises, or controls the registrant's lobbying activities. If none, so state.

Name	Address	Principal place of business (city and state or country)

FOREIGN ENTITIES

12. Name, address, principal place of business, amount of any contribution of more than $10,000, and approximate percentage of equitable ownership in the client of any foreign entity that:

a) holds at least 20% equitable ownership in the client or in any organization identified on line 11; *or*
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances, or subsidizes the activities of the client or any organization identified on line 11; *or*
c) is an affiliate of the client or any organization identified on line 11 and has a direct interest in the outcome of the lobbying activity.

If none, so state.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature Marcia Nusgart Date 12/2/94

Printed Name and Title Marcia Nusgart, President