

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

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

SECRETARY OF TI  
07 MAR 19 PM

# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 03/01/200

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

## REGISTRANT

3. Registrant name **Mr. Michael Duga**  
Address **1440 Coral Ridge Dr.**  
City **Coral Springs** State **FL** Zip **33071** US  
4. Principal place of business (if different than line 3)  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
5. Telephone number and contact name  
**561-929-2600** Contact **Mr. Michael Duga** E-mail **duga@1stcounsel.com**  
6. General description of registrant's business or activities  
**Consultant and Counsel for various health care and defense programming.**

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10.* ☐ Self

7. Client name **Tissue Regeneration Technologies, LLC**

Address **110 Arnold Mill Park, Suite 400**

City **Woodstock** State **GA** Zip **30188** US

8. Principal place of business (if different than line 7)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. General description of client's business or activities

**Development and testing for the application of shock wave therapy for military troop application**

## LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed has served as a "covered executive branch official" or "covered legislative branch official" within two years of first as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name                         | Covered Official Position (if applicable) |
|------------------------------|-------------------------------------------|
| <b>Gerald Harrington Mr.</b> |                                           |
|                              |                                           |
|                              |                                           |
|                              |                                           |
|                              |                                           |



Registrant Name Michael DugaClient Name Tissue Regeneration Technologies, LLC**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pag

DEFHCRSCIMEDVET

12. Specific lobbying issues (current and anticipated)

- Currently working on obtaining funding for new shock wave devices to assist returning soldiers, in conjunction with team doctors at Walter Reed

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans supervises or controls the registrant's lobbying activities?



No ⇒ Go to line 14.



Yes ⇒

Complete the rest of this section for each entity matching criteria above, then proceed to line 14.

| Name | Address | Principal place of Business<br>(city and state or country) |
|------|---------|------------------------------------------------------------|
|      |         |                                                            |

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13: **OR**  
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes acti  
 the client or any organization identified on line 13; **OR**  
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of  
 lobbying activity?



No ⇒ Sign and date the registration.



Yes ⇒

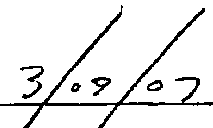
Complete the rest of this section for each entity matching the criteria above, then sign and date registration.

| Name | Address | Principal place of business<br>(city and state or country) | Amount of contribution for<br>lobbying activities | Over<br>per<br>ir |
|------|---------|------------------------------------------------------------|---------------------------------------------------|-------------------|
|      |         |                                                            |                                                   |                   |

Signature



Date



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Printed Name and Title XXXXXXXXXX

LD-1DS (Rev. 4/08Mac)

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