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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

SECRETARY OF THE S

LOBBYING REPORT PH 1

Lobbying Disclosure Act of 1995 (S.

Organization NUSGART CONSULTING, LLC		
**SALLE NOSGANT CONSULTING, LEC		
Check if different than previously reported		
Address1 5225 POOK HILL RD #1626-N		
City BETHESDA State	MD Zip Code 20	0814 Country USA
3. Principal place of business (if different than line 2)		
	Zip Code /Zip or Country	Country
4a. Contact Name b. Telephone number Prefix Full Name	c. E-mail	5. Senate ID#
Ms. MARCIA NUSGART 301-530-7846 ma	rcia@nusgartconsulting.	com 4811-354
7. Client Name Self AMERICAN ASSOCIATION FOR HOMECARE		6. House ID # 34467034
10. Check if this is a Termination Report □ □ Termination Date INCOME OR EXPENSES - Complete Either Line	12 OR Line 13	11. No Lobbying Activit
12. Lobbying Firms		
	1	3. Organizations
INCOME relating to lobbying activities for this reporting period was:		 Organizations bbying activities for this reporting p
Was:	EXPENSES relating to lol	_
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Less than \$10,000 \$\begin{align*} \\$ \] 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	EXPENSES relating to lowere: Less than \$10,000	bbying activities for this reporting p OD. Check box to indicate expense structions for description of options ng amounts using LDA definitions only ng amounts under section 6033(b)(8) of (Revenue Code ng amounts under section 162(e) of the hamounts under section 162(e
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20. Chent new address		Complete ONL	Y where re	gistration info	ormation has chan	ged.	
Address				-		<u>-</u>	
City			State	7' A '			
21. Client new principal place of bus		ess (if different tha		Zip Cod	Code Country		
City		α.			Code Count		
22. New general descrip	otion of client's	business or activiti	es				
LOBBYIST UPDA	TF						
23. Name of each prev	/iously reports	ed individual who	is no longe	r expected to act	as a lobbyist for the	client	
ם	our runne	Suffix	[3]	First Name	Last Name	Suf	
			4				
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ISSUE UPDATE 24. General lobbying i	cauga that = a l			Find the code to	select below.		
2 Content 1000ying 1	ssues mat no i	onger pertain					
			<u></u>				
AFFILIATED ORG	ANIZATIO	NS					
25. Add the following a	affiliated orga	nization(s)					
Name		Address			Principal place of Business		
		ddress	•••••		(city and state or	country)	
		/S/Z			City State Co		
		Address			State Country City		
		/S/Z		I	State		
26. Name of each previ	ously reported	d organization tha	it is no long e	er affiliated with	the registrant or clier	nt	
		2		3			
FOREIGN ENTITI	ES						
27. Add the following f							
Name Street Addre		Address	Leity and	l place of business d state or country)	Amount of contribution for lobbying activities	Owner	
	City	State/Province Count	ту		101 1000ying activities	client	
	I 		City				
10 Non- of			State	Country			
o. Name of each previou	sly reported for	eign entity that no	longer owns,	or controls, or is	affiliated with the regis	strant, eli	
affiliated organization		3		5	1		
affiliated organization				_	_		
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affiliated organization		[4]		6	Add e page for		

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