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 Nugart Consulting

Address 5225 Pooks Hill Rd #1626 north

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) 530-7846 Contact Marca Nugart

4. General description of registrant's business or activities

healthcare consulting/ government affairs firm with expertise in Medicare

## 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 Smith Nephew, Inc

Address 11775 Starkey Road

City Largo State Florida Zip 33773-1970

6. Principal place of business *(if different from line 5)*

City State/Zip (or Country)

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.

Marca Nugart, 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)

any action affecting Medicare coverage/payment for home 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 12/21/95

Printed Name and Title Marcia Nusgart, President