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## LOBBYING REPORT

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

1. Registrant Name Nusgart Consulting, LLC			
2. Address <input type="checkbox"/> Check if different than previously reported 5225 Pooks Hill Road, Suite 1626 North, Bethesda, MD 20814			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Marcia Nusgart	Telephone 301-530-7846	E-mail (optional)	5. Senate ID # 48111-36
7. Client Name <input type="checkbox"/> Self Freedom Designs			6. House ID # 34467006

**TYPE OF REPORT** 8. Year 2002 Midyear (January 1-June 30)  OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date January 1, 2002

11. No Lobbying Act

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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 activities on behalf of the client).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature \_\_\_\_\_

Printed Name and Title Marcia Nusgart, President

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Registrant Name Nusgart Consulting, LLC Client Name Freedom Designs

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the regi engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code,** pr information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Regulatory action impacting coverage and payment for wheelchair seating and positioning devices in the home.

17. House(s) of Congress and Federal agencies contacted  Check if None

HCFA and HCFA subcontractors Durable Medical Equipment Regional Carrier (DMERC) and Statistical Analysis DMERC contacted

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Marcia Nusgart	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature *Marcia Nusgart* Date August 10, 2002

Printed Name and Title Marcia Nusgart, President

