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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check One:  New Registrant  New Client for Existing Registrant  Amendment

1. Effective Date of Registration 08/

2. House Identification 39554

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

**REGISTRANT**  Organization  Individual

3. Registrant Organization Kountoupes Consulting, LLC

Address 2016 Rhode Island Ave Address2 \_\_\_\_\_

City McLean State VA Zip 22101 - \_\_\_\_\_ Cot \_\_\_\_\_

4. Principal place of business (if different than line 3)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Cot \_\_\_\_\_

5. Contact name and telephone number  International Number

Contact Ms. Lisa Kountoupes Telephone (202) 731-3117 E-mail lisa@kcindc.com

6. General description of registrant's business or activities

Federal lobbying and consulting services

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

7. Client name Medical Imaging & Technology Alliance, a division of NEMA

Address 1300 17th Street North, Suite 1752

City Arlington State VA Zip 22209 - \_\_\_\_\_ Cot \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ - \_\_\_\_\_ Cot \_\_\_\_\_

9. General description of client's business or activities

The alliance advocates the advantages of medical imaging on behalf of its members

## 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 in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of becoming a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

| Name  |            |        | Covered Official Position (if applicable) |
|-------|------------|--------|---|
| First | Last       | Suffix |   |
| Lisa  | Kountoupes |        |   |
|       |            |        |   |
|       |            |        |   |

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v5.0.0m

### LOBBYING ISSUES

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

BUD    HCR    MED    MMM

12. Specific lobbying issues (current and anticipated)

Changes to the Children's Health Insurance Program (HR 3162)  
Changes to Medicare reimbursement rates (HR 3162) Reinstatement of previous cuts (S 1338)  
Reauthorization of the Medical Device User Fee and Modernization Act (MDUFMA) (HR 2900, S 1082)  
Budget treatment of Food and Drug Administration (FDA) and Medicare reconciliation issues

### 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 match criteria above, then proceed to line 14.

| Name  | Address        |                |                     | Principal Place of Bus                  |
|-------|----------------|----------------|---------------------|---|
|       | Street<br>City | State/Province | Zip Code<br>Country |   |
| _____ | _____          | _____          | _____               | City _____<br>State _____ Country _____ |
| _____ | _____          | _____          | _____               | City _____<br>State _____ Country _____ |
| _____ | _____          | _____          | _____               | City _____<br>State _____ Country _____ |

### FOREIGN ENTITIES

14. Is there any foreign entity

- 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 at 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 match the criteria above, then sign the registration.

| Name  | Street<br>City | Address        |         | Principal place of business<br>(city and state or country) | Amount of contribution<br>for lobbying activities |
|-------|----------------|----------------|---------|--|---|
|       |                | State/Province | Country |  |   |
| _____ | _____          | _____          | _____   | City _____<br>State _____ Country _____                    | _____   |
| _____ | _____          | _____          | _____   | City _____<br>State _____ Country _____                    | _____   |

Signature

**Digitally Signed By: Lisa M Kountoupes**

Date **09/2**

US, DST ACES Business Representative, KOUNTOUPES CONSULTING, Lisa M Kountoupes

Printed Name and Title **Lisa Kountoupes, President**

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