

99 AUG 16 PM 2:30

# LOBBYING REPORT

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

1. Registrant Name <i>Nusgart Consulting, LLC</i>			
2. Address <input type="checkbox"/> Check if different than previously reported <i>5225 Pooks Hill Road, Suite 1626 North, Bethesda, MD 20814</i>			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name <i>Marcia Nusgart</i>	Telephone <i>301-530-7846</i>	E-mail (optional)	5. Senate ID # <i>48111-164</i>
7. Client Name <input type="checkbox"/> Self <i>Mallinckrodt</i>	6. House ID # <i>34467017</i>		

TYPE OF REPORT 8. Year 1999 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_ 11. No Lobbying Activity

<b>INCOME OR EXPENSES . Complete Either Line 12 OR Line 13</b>	
<b>12. Lobbying Firms</b> INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000) 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).	<b>13. Organizations</b> EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000) <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature *Marcia Nusgart*  
Printed Name and Title *Marcia Nusgart, President*

Registrant Name Nusgart Consulting, LLC Client Name Mallinckrodt

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code, provide 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 non-invasive positive pressure ventilators in the home*

17. House(s) of Congress and Federal agencies contacted

Check if None

*HHS/HQFA/OMERC contacted*

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

Name	Covered Official Position (if applicable)	New
<i>Marcia Nusgart</i>		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature *Marcia Nusgart* Date *1/1/99*  
Printed Name and Title *Marcia Nusgart, President*