Secretary of the Senate
Clerk of the House of Representatives

SECRETARY OF THE SENATE
98 JAN 19 PM 3:08
H. D.

For Official Use

# LOBBYING REGISTRATION
## Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an amended registration ☐

**REGISTRANT**

1. Name of Registrant: Nusgart Consulting
   Address: 5225 Pooks Hill Road Suite 1626 North
   City: Bethesda State: Maryland 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: Marcia Nusgart
4. General description of registrant's business or activities
   health care 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: 3M Health Care
   Address: 3M Center Building 275-4N-02
   City: St Paul State: Minnesota Zip: 55133-3275
6. Principal place of business *(if different from line 5)*
   City State/Zip (or Country)
7. General description of client's business or activities
   dental 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.

   Marcia Nusgart, President



Filing #b52241bd-c756-4ac0-8914-3a0d1e2c553e - Page 1 of 2

## 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/payments for home medical equipment, surgical dressings

## 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 Mungart Date 12/3/98

Printed Name and Title Marcia Mungart, President