

99 AUG 16 PM 2:29

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>48111-152</i>
7. Client Name <input type="checkbox"/> Self <i>Chad Therapeutics</i>	6. House ID # <i>34467002</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
INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms 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"/> ⇨ \$ _____ <small>Income (nearest \$20,000)</small> 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).	13. Organizations EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small> 14. REPORTING METHOD. 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
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Signature _____

Printed Name and Title _____

Marcia Nusgart, President

LD-2 (REV. 6/98)

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Registrant Name Nusgart Consulting, LLC Client Name Chad Therapeutics

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/HCFCA/DMERC contacted

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

Name	Covered Official Position (if applicable)	New
<u>Marcia Nusgart</u>		<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 8/1/99
Printed Name and Title Marcia Nusgart, President