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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 # 48111-51
7. Client Name <input type="checkbox"/> Self Sunrise Medical			6. House ID # 34467015

TYPE OF REPORT 8. Year 2000 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	
<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"/> <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"/> <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

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Registrant Name Nusgart Consulting, LLC

Client Name Sunrise Medical

**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 for augmentative communication devices in the home

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

☐ Check if None

Office of Mrs. Gore, HCFA and Durable Medical Equipment Regional Carriers contacted

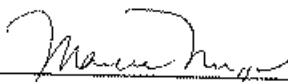
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)	New
Marcia Nusgart		<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



Date

August 8, 2000

Printed Name and Title

Marcia Nusgart, President

Form LD-1 (Rev. 6/98)

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