

Secretary of the Senate  
Clerk of the House of Representatives

SECRETARY OF THE SENATE

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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 Brooks Hill Road #1626 North  
City Jessada State MD Zip 20714  
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  
healthcare consulting/government affairs firm & 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 Mallinckrodt Inc  
Address 3 Mission Research Park Drive  
City St Charles State MO Zip 633045685  
6. Principal place of business (if different from line 5)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
7. General description of client's business or activities  
medical device manufacture

### 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 Lobbying Registration Addendum if necessary.

Marcia Nusgart President

**LOBBYING ISSUES**

9. General lobbying issue areas (select applicable codes, listed in instructions and on reverse side of Form LD-1, page 1)

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10. Specific lobbying issues (current and anticipated)

*any action affecting Medicare coverage/payment for home medical equipment*

**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 Musyart Date 12/31/98

Printed Name and Title Marcia Musyart, President