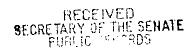
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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LOBBYING REPORT

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

1. Registrant Name Sagamore Associates	
Audicas one letter errord	Suite 700 DC 20005 USA
3. Principal Place of Business (if different from line 2)	
City State/Zip (or Country)	
4. Contact Name Telephone E-ma: Margaret Walker 202-312-7400	1 (optional) 5. Senate ID # 34158-1178
7. Client Name Self Coalition for Children's Health	6. House ID # 30124090
0. Check if this is a Termination Report □ >> Terminatio	n Date 11. No Lobby
10. Check if this is a Termination Report □ >> Termination INCOME OR EXPENSES - Complete Eithe	is report n Date 11. No Lobby
0. Check if this is a Termination Report □ >> Terminatio	is report n Date 11. No Lobby r Line 12 OR Line 13
10. Check if this is a Termination Report □ >> Termination INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting	is report n Date 11. No Lobby r Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this rep
Income or Expenses - Complete Either 12. Lobbying Firms Income relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more >>>\$ \$20,000.00	is report n Date
Income (nearest \$20,000) Income a good faith estimate, rounded to the nearest	is report □ n Date
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)	11. No Lobby The Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this repperiod were: Less than \$10,000 \$10,000 or more >> \$ Expenses (nearest \$21) 14. REPORTING METHOD. Check box to indicate
INCOME OR EXPENSES - Complete Eithe 12. Lobbying Firms INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 □ \$10,000 or more \$20,000.00 Income (nearest \$20,000) Provide a good faith estimate, rounded to the nearest \$20,000 of all lobbying related income from the client	11. No Lobby The Line 12 OR Line 13 13. Organizations EXPENSES relating to lobbying activities for this repperiod were: Less than \$10,000 \$10,000 or more >> \$ Expenses (nearest \$20) 14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of

Signature		Date .	2/ // 2003	
Printed Name and Title	Dena Morris - Senior Vice President			_ Pa

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Regist	rant Name:	Sagamore Associates	
Client	Name:	Coalition for Children's Health	
engag inforn	ed in lobbyin	g on behalf of the client during the reporting tested. Attach additional page(s) as needed	to reflect the general issue areas in which the registrant ag period. Using a separate page for each code, provide
16. S	Specific Lobb F Y2001 App	ying issues ropriations for Department of Health an	d Human Services
- - - -	Department	Congress and Federal agencies contacted of Health & Human Services oresentatives	☐ Check if None
18.	Name of eacl	n individual who acted as a lobbyist in this	issue area
	Name		Covered Official Position (if applicable)
	Lowe, Seren	a	
	Morris, Den	a	
19.	Interest of ea	ch foreign entity in the specific issues liste	d on line 16 above X Check if None

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4.000

Signature		Date	
Printed Name and Title	Dena Morris - Senior Vice President		Pa

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Regi	strant Name:	Sagamore Associates
Clier	nt Name:	Coalition for Children's Health
enga infor 15.	ged in lobbyir mation as requ General issue Specific Lobb	
17.	Department	Congress and Federal agencies contacted Check if None of Health & Human Services presentatives
18.	Name of each	h individual who acted as a lobbyist in this issue area
	Name	Covered Official Position (if applicable)
	Lowe, Seren	ıa
	Morris, Den	ıa
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19.	Interest of ea	ach foreign entity in the specific issues listed on line 16 above Check if None

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Signature		Date .	2/ //2003	
_	Dena Morris - Senior Vice President			_ Pa

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	Coalition for Childre	en's Health			
lient Name:					
nformation []]	Update Page - Con	nplete ONLY wher	re registration information has cl	nanged.	
20. Client new add	iress		···		
21. Client new pri:	ncipal place of business (if dif	fferent from line 20)			
City		tate/Zip (or Country)			
	lescription of client's business				
23. Name of ea Nichols, Da		ndividual who is no	o longer expected to act as a lobby	st for the client	
ISSUE UPDA 24. General lob	TE obying issues previously	reported that no lo	nger pertain		
	ORGANIZATIONS llowing affiliated organization				
	Name		Address	Principal Place of Bu (city and state or co	
	ach previously reported (organization that is	no longer affiliated with the regist	rant or client	
26. Name of ea	1 , 1				
FOREIGN E					
FOREIGN E	NTITIES	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	
FOREIGN El 27. Add the fo	NTITIES	Address	· · · · · · · · · · · · · · · · · · ·		
FOREIGN El 27. Add the fo	NTITIES llowing foreign entities		· · · · · · · · · · · · · · · · · · ·	for lobbying activities	

Signature Date 2///2003

Printed Name and Title Dena Morris - Senior Vice President Pa