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LOBBYING REPORT

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

1. Registrant Name			
Baker & Daniels			
2. Address <input type="checkbox"/> Check if different than previously reported			
300 North Meridian Street, Suite 2700, Indianapolis, IN 46204			
3. Principal Place of Business (if different from line 2)			
City:		State/Zip (or Country)	
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
Sherrie Bouldin	317-237-1229	slbouldi@bakerd.com	5120-48
7. Client Name <input type="checkbox"/> Self			6. House ID #
Indiana Medical Device Manufacturers Council, Inc.			33247003

TYPE OF REPORT 8. Year 2001 Midyear (January 1-June 30) ☒ OR Year End *July 1-December

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 Active ☐

INCOME OR EXPENSES – Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was:	EXPENSES relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> <input checked="" type="checkbox"/> \$ _____ (Income (nearest \$20,000))	\$10,000 or more <input type="checkbox"/> <input checked="" type="checkbox"/> \$ _____ (Expenses (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).	14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opti
	<input type="checkbox"/> Method A. Reporting amounts using LDA definitior
	<input type="checkbox"/> Method B. Reporting amounts under section 6033(b) the Internal Revenue Code
	<input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature

Bradley M. Thompson

Printed Name and Title Bradley Merrill Thompson, Partner

§ 87(2)(b)

Registrant Name Baker & Daniels

Client Name Indiana Medical Device Manufa
Council, Inc.

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

Clinical Laboratories Improvement Act (CLIA)

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

Food & Drug Administration

Health Care Financing Administration

House of Representatives

Senate

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

Name	Covered Official Position (if applicable)
Bradley Merrill Thompson	Partner

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature

Bradley M. Thompson

Date

8-13-01

Printed Name and Title Bradley Merrill Thompson



Registrant Name _____ Client Name _____

Information Update Page – Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City: _____ State/Zip (or Country) _____

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
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26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	On per
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28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, client or affiliated organization

Signature _____ Date _____

Printed Name and Title _____

