

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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SECF

045

**LOBBYING REPORT**

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

1. Registrant Name <b>B&amp;D Sagamore</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>805 15th Street, NW</b> <b>Suite 700</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20005</b> <b>USA</b>			
3. Principal Place of Business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Annette Pataki</b> Telephone <b>202-312-7400</b> E-mail (optional) _____			5. Senate ID # <b>34158-532</b>
7. Client Name <input type="checkbox"/> Self <b>Indiana Medical Device Manufacturers Council, Inc.</b>			6. House ID # <b>30124045</b>

**TYPE OF REPORT** 8. Year 2004 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 Activities **INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> 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"/> >> \$ _____ Income (nearest \$20,000)	\$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$ _____)
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>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of method.
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6013 of the Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code

Signature \_\_\_\_\_ Date 6/29/2007

Printed Name and Title Mark Weller - Senior Vice President P

Registrant Name: B&D Sagamore

Client Name: Indiana Medical Device Manufacturers 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 MED (one per page)

16. Specific Lobbying issues  
**Activities related to the definitions of primary mode of action of a combination product.**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Food & Drug 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)
<b>Chrisney, Adam</b>	
<b>Lowe, Serena</b>	
<b>Weller, Mark</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title **Mark Weller - Senior Vice President** \_\_\_\_\_ P:

Registrant Name: B&D Sagamore

Client Name: Indiana Medical Device Manufacturers 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  
**Issues related to national and local medicare coverage decision making over the product life cycle.**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**Food & Drug 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)
<b>Chrisney, Adam</b>	
<b>Lowe, Serena</b>	
<b>Weller, Mark</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date           

Printed Name and Title **Mark Weller - Senior Vice President** I