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LOBBYING REPORT

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

1. Registrant Name Hogan & Hartson L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 13th Street, N.W. Washington, DC 20004-1109			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Roberts, Beth L.	Telephone (202) 637-8626	E-mail (optional) BLRoberts@hhlaw.com	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Association of Community Cancer Centers			6. House ID #

TYPE OF REPORT 8. Year 2002 Midyear (January 1-June 30) ☐ OR Year End (July 1-Dec

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 Lobbyin

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ 40,000 Income (nearest \$20,000)</p> <p>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).</p>	<p align="center">13. Organizations</p> <p>EXPENSES relating to lobbying activities for this re: period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature

Beth L. Roberts

Printed Name and Title Roberts, Beth L. Partner

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Association of Community Cancer Centers

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code and provide information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Reimbursement

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

U.S. Senate

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

Name	Covered Official Position (if applicable)
Hayes, Katherine J. Roberts, Beth L.	

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

Signature  Date 02/04/2003

Printed Name and Title Roberts, Beth L. Partner

Form LD-2 (Rev.6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name Association of Community Cancer Centers

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:

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

Roberts, Beth L.

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 Bu
		(city and state or co
		City:
		State: Zip:
		Country:

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
		City:	
		Country:	

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant affiliated organization

Signature



Date 02/04/2003

Printed Name and Title Roberts, Beth L. Partner

Form LD-2 (Rev. 6/98)

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