

Clerk of the House of Representatives  
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02 FEB 12 AM 7:00

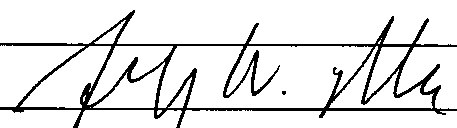
# LOBBYING REPORT

Lobby 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 Columbia Square, 555 Thirteenth 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 Munk, Jeffrey W.	Telephone 202-637-6949	E-mail (optional) JWMunk@HHLAW.com	5. Senate ID # 18422-2590
7. Client name <input type="checkbox"/> Self Mennonite Mutual Aid			6. House ID # 30470242

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

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: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>20,000.00</u> Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input 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 reporting method. See instructions for description of each method. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions <input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature  Date 2/11/02  
Printed Name and Title Munk, Jeffrey W. Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name Menonite Mutual Aid

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

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

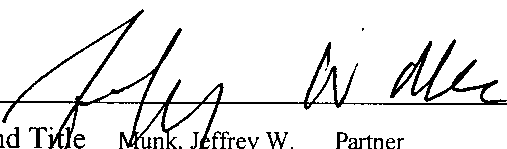
16. Specific lobbying issues  
Medical Savings Accounts

17. House(s) of Congress and Federal agencies contacted  Check if None  
U.S. Senate;  
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
Granese, Nancy L.	
Munk, Jeffrey W.	

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

Signature   
Printed Name and Title Munk, Jeffrey W. Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name Mennonite Mutual Aid

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

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

16. Specific lobbying issues  
Medical Savings Accounts

17. House(s) of Congress and Federal agencies contacted  Check if None  
U.S. Senate;  
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)

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



Registrant Name Hogan & Hartson L.L.P.

Client Name Mennonite Mutual Aid

**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** apply

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

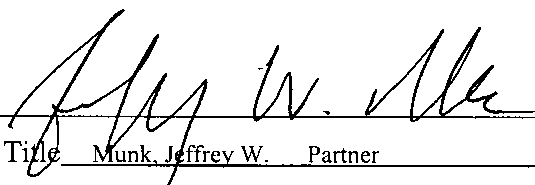
**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

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

Signature



Printed Name and Title Munk, Jeffrey W. Partner

