

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, D.C. 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, D.C. 20510

SECRETARY OF

01 AUG 15

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 # 18422-2094
7. Client name <input type="checkbox"/> Self Health and Hospital Corporation of Marion County			6. House ID # 30470202

TYPE OF REPORT 8. Year 2001 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 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) 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).	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) 14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6013(e) Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature _____

Date _____

8/11/01

Printed Name and Title Munk, Jeffrey W. Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name Health and Hospital Corporat
Marion County

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)

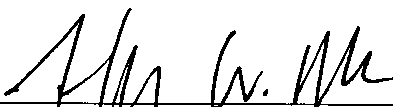
16. Specific lobbying issues
Health and health care appropriations issues;
Medicare/Medicaid

17. House(s) of Congress and Federal agencies contacted Check if None
United States House of Representatives;
United States Senate;
Health Care Financing Administration

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

Name	Covered Official Position (if applicable)
Gilliland, C. Michael	
Grinstead, Darrel J.	
Munk, Jeffrey W.	
Roberts, Beth L.	
Vickery, Ann Morgan	

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 Health and Hospital Corporat
Marion County

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

20. Client new address
3838 N. Rural St., 7th Floor
Indianapolis, Indiana 46205, USA

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 (city and state or c

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 Jeffrey W. Mink, Partner

LD-2 (REV. 6/98)

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