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SECRETARY OF THE

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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 Loeb, Laura E.	Telephone 202-637-5760	E-mail (optional) LELoeb@HHLAW.com	5. Senate ID # 18422-137
7. Client name <input type="checkbox"/> Self American Society of Orthopaedic Physician's Assistants			6. House ID # 30470136


TYPE OF REPORT 8. Year 2001 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
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ 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 report 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 reporting method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <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 8/07/01

Printed Name and Title Loeb, Laura E. Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name American Society of Orthopa
Physician's Assistants

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 MMM (one per page)

16. Specific lobbying issues

To include orthopedic physician's assistants within definition of physician assistant under Medicare in the rule for the physician fee schedule.

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

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

Name	Covered Official Position (if applicable)
Loeb, Laura E.	
Roberts, Beth L.	

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

Signature 

Printed Name and Title Loeb, Laura E. Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name American Society of Orthopa
Physician's Assistants

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 Loeb, Laura E. Partner

