

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

SECRETARY OF THE SENATE

05 AUG 11 PM 4:55

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	Telephone	E-mail (optional)	5. Senate ID #
Gilliland, C. Michael	(202) 637-5619	CMGilliland@HHLAW.com	18422
7. Client Name <input type="checkbox"/> Self Provena Health			6. House ID #

TYPE OF REPORT 8. Year 2005 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

<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"/> ⇒ \$ <u>80,000</u> 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 reporting 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 method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Gilliland, C. Michael (Partner)

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Provena Health

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant is 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 BUD (one per page)

16. Specific lobbying issues

Funding for renovation of hospitals
Labor, HHS, Education Appropriations bill - H.R. 3010
Energy and Water Development Appropriations bill, H.R. 2419

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

U.S. Senate
U.S. House of Representatives
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)
Gilliland, C. Michael	
Michel, Robert H.	
Porter, John Edward	
Smith, Kate McAuliffe	

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

[Empty box for foreign entity interest]

Signature _____ Date 08/10/2005

Registrant Name Hogan & Hartson L.L.P. Client Name Provena Health

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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

APP

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 registra affiliated organization

Signature *A. Mitchell* Date 08/10/2005

Signature [Handwritten Signature]

Printed Name and Title Gilliland, C. Michael (Partner)

Form LD-2 (Rev. 6/98)

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