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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 Gilliland, C. Michael	Telephone (202) 637-5619	E-mail (optional) CMGilliland@HHLAW.com	5. Senate ID # 18422
7. Client Name <input type="checkbox"/> Self Brandeis University			6. House ID # 3047

TYPE OF REPORT 8. Year 2004 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>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>100,000</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>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</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 Brandeis University

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 attach additional information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

FY 2005 Labor, HHS, Education appropriations bill - H.R. 5006; S. 2810
 FY 2005 Defense Appropriations bill, H.R. 4613; 2559
 Federal funding for research facility

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. Senate
 U.S. House of Representatives
 Department of Health and Human Services
 Department of Defense

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

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.

Name	Covered Official Position (if applicable)
Gilliland, C. Michael	
Michaelson, Martin	
Warnke, Christine M.	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature _____

Date February 9, 2006

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

Form LD-2 (Rev. 6/98)

Page

Registrant Name Hogan & Hartson L.L.P.Client Name Brandeis University**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 UPDATE23. 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☐☐☐☐☐☐☐☐☐**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

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Signature

Signature _____

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

Form LD-2 (Rev. 6/98)

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