

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
 01 FEB 23 PM 3:02

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name CAPITOL CITY GROUP LLC	
2. Address <input type="checkbox"/> Check if different than previously reported 601 PENNSYLVANIA AVENUE N.W.	
3. Principal Place of Business (if different from line 2) City: WASHINGTON State/Zip (or Country) DC 20004	
4. Contact Name THOMAS P. HOGAN	Telephone 202-434-8211
E-mail (optional) thoganlce@aol.com	5. Senate ID # 52903-12
7. Client Name <input type="checkbox"/> Self LANDMARK MEDICAL CENTER	6. House ID # 34919000

TYPE OF REPORT 8. Year 2000 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 Activity

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>20,000</u> <small>Income (nearest \$20,000)</small></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"/> ⇒ \$ _____ <small>Expenses (nearest \$20,000)</small></p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Signature Thomas P. Hogan

Printed Name and Title THOMAS P. HOGAN, MANAGING DIRECTOR

Registrant Name CAPITAL CITY GROUP LLC Client Name LANDMARK MEDICAL CENTER

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

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

16. Specific lobbying issues

*LABOR HEALTH AND HUMAN SERVICES APPROPRIATION,
ALL PROVISIONS RELATING TO MENTAL HEALTH PROGRAMS
FOR ELDERLY CITIZENS*

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

*1. HOUSE OF REPRESENTATIVES
2. SENATE*

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

Name	Covered Official Position (if applicable)	New
<i>THOMAS P. HOGAN ESQ</i>		<input type="checkbox"/>
<i>GERALD T. HARRINGTON ESQ</i>		<input type="checkbox"/>
<i>JOHN J. HOGAN ESQ</i>		<input checked="" type="checkbox"/>
<i>CHRISTOPHER P. VIDALE ESQ</i>		<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

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

Signature *Thomas P. Hogan* Date 2/17/01
Printed Name and Title THOMAS P. HOGAN