

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
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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	Telephone	E-mail (optional)	5. Senate ID #
Munk, Jeffrey W.	202-637-6949		18422
7. Client Name <input type="checkbox"/> Self			6. House ID #
Health and Hospital Corporation of Marion County			3047

**TYPE OF REPORT** 8. Year 2002 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 Lobbyin

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p><b>INCOME</b> 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>60,000.00</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"><b>13. Organizations</b></p> <p><b>EXPENSES</b> relating to lobbying activities for this re period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20</p> <p><b>14. REPORTING METHOD.</b> Check box to indica accounting method. See instructions for description</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA defin</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 1 Internal Revenue Code</p>
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Signature

Signature \_\_\_\_\_

Printed Name and Title Munk, Jeffrey W. Partner

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Health and Hospital Corporation of Marion Co

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

15. General issue area code  (one per page)

16. Specific lobbying issues

Public hospital appropriations  
Medical funding

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

Center for Medicare and Medicaid Services, U.S. Senate

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. Porter, John Edward	

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

Signature

Date

2/13

Printed Name and Title ~~Munk, Jeffrey W.~~ Partner

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Form LD-2 (Rev.6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name Health and Hospital Corporation of Marion Co

**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

\_\_\_\_\_

**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 registrant or affiliated organization

*[Handwritten Signature]*

Date 2/13

Signature

Printed Name and Title

Munk Jeffrey W. Partner

Form LD-2 (Rev. 6/98)

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