

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

04 MAR 24 AM 10: 2

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 03/23/2004

2. House Identification Number \_\_\_\_\_ Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant name Hogan & Hartson L.L.P.Address 555 Thirteenth Street N.W.City WashingtonState DCZip 20004-1109

4. Principal place of business (if different from line 3)

City \_\_\_\_\_

State/Zip (or Country) USA

5. Telephone number and contact name

(202) 637-6448Contact Hayes, Katherine J.

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law Firm

**CLIENT** *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should be labeled "Self" and proceed to line 10.*  Self

7. Client name Missouri Hospital AssociationAddress 4712 Country Club Drive, P. O. Box 60City Jefferson CityState MOZip 65102

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) USA

9. General description of client's business or activities

State Hospital Association**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Hayes, Katherine J.</u>	
_____	
_____	


Form LD-1 (Rev. 06/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Missouri Hospital Association

**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-

HCR                               

12. Specific lobbying issues (current and anticipated)

Medicaid reimbursement to hospitals; Medicaid reform

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇨ Go to line 14.

Yes ↓ Complete the rest of this section for each entity the criteria above, then proceed to line 14.

Name	Address	Principal Place of Bu (city and state or co
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text" value="USA"/>

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in of the lobbying activity?

No ⇨ Sign and date the registration.

Yes ↓ Complete the rest of this section for e matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	

Signature *W. Hogan*

Date 03/23/2004

Signature *Katherine J. Hayes*

Printed Name and Title Hayes, Katherine J. (Associate)

Form LD-1 (Rev. 06/98)