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## LOBBYING REPORT

Lobby 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 Columbia Square, 555 Thirteenth 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 Loeb, Laura E.	Telephone 202-637-5760	E-mail (optional) LELoeb@HHLAW.com	5. Senate ID # 18422-75
7. Client name <input type="checkbox"/> Self American College of Osteopathic Surgeons			6. House ID # 30470001

**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	
12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇌ \$ <u>20,000</u> Income (nearest \$20,000)	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇌ \$ _____ Expenses (nearest \$20,000)
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).	<b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options. <input type="checkbox"/> Method A. Reporting amounts using LDA definitions only <input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature Laura E. Loeb Date 2/08/01  
Printed Name and Title Loeb, Laura E. Partner

Registrant Name Hogan & Hartson L.L.P.

Client Name American College of Osteopathic Surgeons

**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 individual page(s) as needed.

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

16. Specific lobbying issues

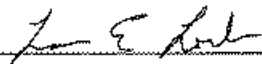
Managed Care Reform, physician conditions of participation in Medicare;  
Privacy Issues; Patient protection bill; antikickback law safe harbors; drug benefit

17. House(s) of Congress and Federal agencies contacted  Check if None  
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)	New
Halpern, Elizabeth		<input checked="" type="checkbox"/>
Lawton, Stephan E.		<input type="checkbox"/>
Loeb, Laura E.		<input type="checkbox"/>
Roberts, Beth L.		<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   
Printed Name and Title Loeb, Laura E. Partner

Registrant Name Hogan & Hartson L.L.P.

Client Name American College of Osteopathic Surgeons

**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 (or Country)

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  
Lawton, Stephan E.

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** apply

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or 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	Ownership percentage in client
				%

28. Name of each previously reported foreign entity that **no longer** owns, or controls, **or** is affiliated with the registrant, client or affiliated organization

Signature *Laura E. Loeb*

Printed Name and Title Loeb, Laura E. Partner