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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 Gilliland, C. Michael	Telephone 202-637-5619	E-mail (optional) CMGilliland@HHLAW.com	5. Senate ID # 18422-164
7. Client name <input type="checkbox"/> Self Association of Academic Health Centers			6. House ID # 30470129

TYPE OF REPORT 8. Year 2001 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

INCOME OR EXPENSES — Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this report were: Less than \$10,000 <input 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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6032 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code

Signature C. Michael Gilliland Date 2-12-02

Printed Name and Title Gilliland, C. Michael Partner



Registrant Name Hogan & Hartson L.L.P. Client Name Association of Academic Heal

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

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


16. Specific lobbying issues

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

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

Name	Covered Official Position (if applicable)

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

Signature 
Printed Name and Title Gilliland, C. Michael Partner

