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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 checked="" 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@HHILAW.com	5. Senate ID # 18422-164	
7. Client name <input checked="" type="checkbox"/> Self Association of Academic Health Centers			6. House ID # 30470129	

**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><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 checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇌ \$ _____ 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><b>13. Organizations</b></p> <p><b>EXPENSES</b> 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"/> ⇌ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LOA 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>

Signature C. Michael Gilliland Date 2-1-01  
Printed Name and Title Gilliland, C. Michael Partner

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

**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 \_\_\_\_\_ (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)	New
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input 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 *C. Michael Gilliland*  
Printed Name and Title Gilliland, C. Michael Partner

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

**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

**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 \_\_\_\_\_

Printed Name and Title Gilliland, C. Michael Partner