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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 # 18422-188
7. Client name <input type="checkbox"/> Self Association of American Medical Colleges			6. House ID # 30470128

**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
<b>INCOME</b> 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)	<b>EXPENSES</b> relating to lobbying activities for this reporting period 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. <b>REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of options: <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 602 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> 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 American Medi  
Colleges

**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 *C. Michael Gilliland*  
Printed Name and Title Gilliland, C. Michael Partner

