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**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant name  Hogan & Hartson LLP			
2. Address <input type="checkbox"/> Check if different than previously reported  Columbia Square Washington DC 20004 USA 555 13th Street NW			
3. Principal place of business (if different than line 2)  City _____ State/Zip or Country _____			
4a. Contact Name  Mr. Beth L. Roberts		b. Telephone number  202-637-8626	c. E-mail  BLRoberts@HHLAW.com
7. Client Name <input type="checkbox"/> Self  sanofi-aventis		5. Senate ID #  18422-5875  6. House ID #  30470400	

**TYPE OF REPORT** 8. Year 2006 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**

<b>12. Lobbying Firms</b>  INCOME 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>120,000</u>  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>13. Organizations</b>  EXPENSES relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇨ \$ _____  <b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options.  <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definitions only <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b)(8) of the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) of the Internal Revenue Code
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Senate Password _____	File with Ser

Signature

Date 1/2/2007Printed Name and Title Beth L. Roberts (Partner)

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Registrant Name Hogan & Hartson LLPClient Name sanofi-aventis

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

15. General issue area code MMM - Medicare/Medicaid (one per page)

16. Specific lobbying issues

Medicare

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)
Beth L. Roberts	

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

Signature Document digitally signed on Page 1.

Date 1/2/2007

Printed Name and Title Beth L. Roberts (Partner)

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