

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRET

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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 L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 13th 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 Blattner, Jeffrey H.	Telephone 202-637-6860	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self American Hospital Association			6. House ID #

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30)  OR Year End (July 1-Dec) 
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 type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>120,000</u> <div style="text-align: center;">Income (nearest \$20,000)</div>	<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"/> ⇒ \$ _____ <div style="text-align: center;">Expenses (nearest \$20,000)</div>
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 accounting method. See instructions for description of methods. <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 60 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

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Printed Name and Title Blattner, Jeffrey H. (Partner)

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LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name American Hospital Association

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

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

16. Specific lobbying issues

Issues related to graduate medical education. Supported Section 207 of H.R. 3108, the Pension Funding Equity Act which confirmed the antitrust status of graduate medical resident matching programs.  
Hospital payment issues.

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


Senate  
House of Representatives

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

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.  
Name Covered Official Position (if applicable)

Blattner, Jeffrey H.	
Fishman, Linda	

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

Signature 

Date February 14, 20

Printed Name and Title Blattner, Jeffrey H. (Partner)

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Form LD-2 (Rev. 6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name American Hospital Association

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

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

16. Specific lobbying issues

Issues related to graduate medical education. Supported Section 207 of H.R. 3108, the Pension Funding Equity Act which confirmed the antitrust status of graduate medical resident matching program.  
  
Hospital payment issues.

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

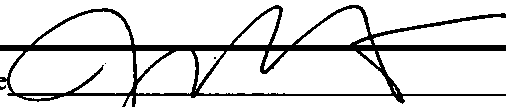
House of Representatives  
Senate

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

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.  
Name Covered Official Position (if applicable)

Blattner, Jeffrey H.	
Fishman, Linda	

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

Signature  Date February 14, 200

Printed Name and Title Blattner, Jeffrey H. (Partner)

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Registrant Name Hogan & Hartson L.L.P. Client Name American Hospital Association

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

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

16. Specific lobbying issues

Hospital payment issues.

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

Senate  
House of Representatives

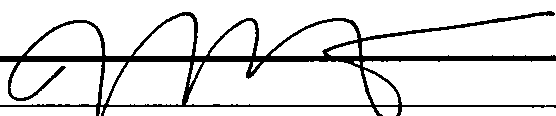
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Fishman, Linda

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Signature 

Date February 14, 200

Printed Name and Title Blattner, Jeffrey H. (Partner)

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Form LD-2 (Rev.6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name American Hospital Association

**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:

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

Blattner, Jeffrey H.

**ISSUE UPDATE**

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

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or co
		City: State: Zip: 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
		City: Country:	

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



Signature

Signature \_\_\_\_\_ Date 02/19/2000

Printed Name and Title Blattner, Jeffrey H. (Partner)