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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)  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>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)  14. <b>REPORTING METHOD.</b> Check box to indicate reporting 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 603 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Revenue Code

Signature C. Michael Gilliland Date 8-9-01  
Printed Name and Title Gilliland, C. Michael Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name Association of American Medical 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 \_\_\_\_\_

Printed Name and Title Gilliland, C. Michael Partner



Registrant Name Hogan & Hartson L.L.P.

Client Name Association of American Med  
Colleges

**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 B (city and state or cc

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

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

Signature \_\_\_\_\_

