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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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SECRETARY OF THE SENATE
03 JUL 23 PM 2:56

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 Porter, John Edward	Telephone (202) 637-5695	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self College of American Pathologists			6. House ID #

TYPE OF REPORT 8. Year 2003 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

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more ⇨ \$ 20,000
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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more ⇨ \$ _____
Expenses (nearest \$20,000)


14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of method.

Method A. Reporting amounts using LDA definition

Method B. Reporting amounts under section 60 Internal Revenue Code

Method C. Reporting amounts under section 16 Internal Revenue Code

Signature

A thick black horizontal line redacts the signature. The line starts under the word 'Signature' and extends to the right, crossing over the printed name and title.

Printed Name and Title Porter, John Edward (Partner)

LD-2 (REV. 6/98)

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Registrant Name Hogan & Hartson L.L.P. Client Name College of American Pathologists

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

To shape legislation creating a Department of Homeland Security to preserve scientific integrity.

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

U.S. House of Representatives, U.S. Senate 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)
Dover, Agnes P.
Gilliland, C. Michael
Porter, John Edward

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

[Signature area with handwritten signature]

Signature

Date 07/22/2003

Signature _____ Date _____

Printed Name and Title Porter, John Edward (Partner)

Form LD-2 (Rev.6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name College of American Pathologists

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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

ISSUE UPDATE

24. General lobbying issues previously reported that no longer pertain

Grid of 10 empty boxes for reporting issues.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Table with 3 columns: Name, Address, Principal Place of Business (city and state or country). Includes sub-fields for City, State, Zip, and 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

Table with 4 columns: Name, Address, Principal place of business (city and state or country), Amount of contribution for lobbying activities. Includes sub-fields for City and Country.

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

Empty table area for reporting foreign entities.

Signature



Date 7/22/03

Printed Name and Title Porter, John Edward (Partner)

Form LD-2 (Rev. 6/98)

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