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03 AUG -6 PM 4:01

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 Michel, Robert	Telephone (202) 637-5804	E-mail (optional)
7. Client Name <input type="checkbox"/> Self Campaign for Medical Research		5. Senate ID # 18422-16
		6. House ID # 3047011

TYPE OF REPORT 8. Year 2003 Midyear (January 1-June 30) OR Year End (July 1-Decen

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate reporting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitio</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature



8/4/2003

Printed Name and Title Michel, Robert (Senior Advisor)

LD-2 (REV. 6/98)

PA

Registrant Name Hogan & Hartson L.L.P.

Client Name Campaign for Medical Research

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

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

16. Specific lobbying issues

Lobbying for medical research

17. House(s) of Congress and Federal agencies contacted

Check if None

Executive Office of the President, House and 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)

Michel, Robert H.

Rogers, Paul G.

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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

Signature

Robert H. Michel

Date 08/04/2003

Registrant Name Hogan & Hartson L.L.P. Client Name Campaign for Medical Research

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 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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)		
		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	Open to client
		City: Country:		

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

Robert H. Michel

Signature

Date

6/4/2006

Printed Name and Title Michel, Robert (Senior Advisor)

Form LD-2 (Rev. 6/98)

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