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LOBBYING REGISTRATION

Lobby Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 12/10/2002

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson, LLP

Address Columbia Square, 555 Thirteenth Street, N.W.

City Washington State DC Zip 2000

4. Principal place of business (if different from line 3)

City _____ State/Zip (or Country) _____

5. Telephone number and contact name

202-637-202 Contact Porter, John Edward E-mail (optional) JEPorter@HHLav

6. General description of registrant's business or activities

Law Firm

CLIENT *A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists check the box labeled "Self" and proceed to line 10.* Self

7. Client name Loyola University Health System

Address 2160 South First Avenue

City Maywood State Illinois Zip 601

8. Principal place of business (if different from line 7)

City _____ State/Zip (or Country) _____

9. General description of client's business or activities

Non-profit corporation/hospital

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any individual in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
Gilliland, C. Michael	
Porter, John Edward	
Smith, Kate McAuliffe	

Registrant Name Hogan & Hartson, LLP

Client Name Loyola University Health Syst

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of page 1.

GOV _____

12. Specific lobbying issues (current and anticipated)

Represent the system in respect to obtaining federal funds for laboratory and or research facilities, or bioterrorism or other disasters.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a seminannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbyin

No ⇒ Go to line 14

Yes ↓ Complete the rest of this section for each er the criteria above, then proceed to line 14.

Name	Address	Principal Place of (city and state or

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on lin
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finan subsidizes activities of the client or any organization identified on line 13; **OR**
- c) is an affiliate of the client or any organization identified on line 13 and has direct interes outcome of the lobbying activity?

No ⇒ Sign and date the registration

Yes ↓ Complete the rest of this section for each er the criteria above, then sign and date the registratio

Name	Address	Principal place of business (city and state or country)	Amount of contribution f lobbying activi

Signature _____

Date _____

12/10/02

