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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 Roberts, Beth L. | Telephone (i.e. (222)-222-2222) (202) 637-8626 | E-mail (optional) BLRoberts@hhlaw.com | 5. Senate ID # 18422 |
| 7. Client Name <input type="checkbox"/> Self American Association for Medical Transcription | | | 6. House ID # 30470 |

TYPE OF REPORT 8. Year 2002 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

| | |
|---|--|
| <p align="center">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 align="center">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 accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6011 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 6013 Internal Revenue Code</p> |
|---|--|

Signature 

Printed Name and Title Roberts, Beth L. Partner

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name American Association for Medical Transcription

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

15. General issue area code (one per page)

16. Specific lobbying issues

Privacy and confidentiality 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) |
|------------------|---|
| Roberts, Beth L. | |

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

Check if None

Signature *Beth L. Roberts* Date 01/31/2003

Registrant Name Hogan & Hartson L.L.P. Client Name American Association for Medical Transcription

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

[Redacted]

ISSUE UPDATE

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

[Redacted]

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

| Name | Address | Principal Place of Bus (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 |
|------|---------|--|---|
| | | City: Country: | |

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

Signature *[Handwritten Signature]*

Date 01/31/2003

Printed Name and Title Roberts, Beth L. Partner

Form LD-2 (Rev. 6/98)

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