

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

SECRETARY OF THE SENATE

05 AUG -9 PM 3:00

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 Kanner, Sheree R.	Telephone 202-637-2898	E-mail (optional)	5. Senate ID # 1842
7. Client Name <input type="checkbox"/> Self University of Pennsylvania Health Systems			6. House ID # 304

TYPE OF REPORT 8. Year 2005 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 6/30/2005

11. No Lobbying Activities

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
<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>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</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6013(b)(7)(C) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e)(2)(B) Internal Revenue Code</p>

Signature Sheree R. Kanner

Printed Name and Title Kanner, Sheree R. (Partner)

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name University of Pennsylvania Health Systems

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 con information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Medicare reimbursement for graduate medical education

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

Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kanner, Sheree R.	

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

Signature *Sheree Kanner* Date 8/9/05

Printed Name and Title Kanner, Sheree R. (Partner)

Form LD-2 (Rev.6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name University of Pennsylvania Health Systems

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 HCR (one per page)

16. Specific lobbying issues

Medicare reimbursement for graduate medical education

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

Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kanner, Sheree R.	
.....	
.....	
.....	
.....	
.....	
.....	
.....	
.....	

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

.....

Signature *Shereethman*

Date 4/9/02

Printed Name and Title Kanner, Sheree R. (Partner)

Form LD-2 (Rev. 6/98)

Page

Registrant Name Hogan & Hartson L.L.P. Client Name University of Pennsylvania Health Systems

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 MMM (one per page)

16. Specific lobbying issues

Medicare reimbursement for graduate medical education

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

Centers for Medicare and Medicaid Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Kanner, Sheree R.	

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

Signature *Sheree Kanner* Date 8/19/05

Registrant Name Hogan & Hartson L.L.P. Client Name University of Pennsylvania Health Systems

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of B (city and state or c
		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 regis affiliated organization

Signature Sheree R. Kanner Date 1/9/08

Printed Name and Title Kanner, Sheree R. (Partner)

Form LD-2 (Rev. 6/98)

Page