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SECRETARY OF THE SENATE

03 AUG 11 PM 2:55

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 Munk, Jeffrey W.	Telephone 202-637-5600	E-mail (optional) jwmunk@hhlaw.com	5. Senate ID # 18422-20
7. Client Name <input type="checkbox"/> Self Health and Hospital Corporation of Marion County			6. House ID # 3047020

TYPE OF REPORT 8. Year 2003 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

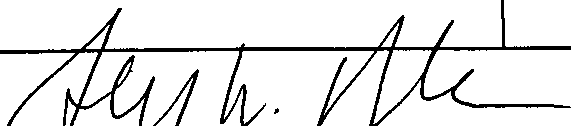
10. Check if this is a Termination Report ⇨ Termination Date _____

11. No Lobbying Activities

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000.00</u> 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 reporting accounting method. See instructions for description of method.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</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(e) Internal Revenue Code</p>
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Signature



Printed Name and Title Munk, Jeffrey W. (Partner)

LD-2 (REV. 6/98)

P.3

Registrant Name Hogan & Hartson L.L.P. Client Name Health and Hospital Corporation of Marion

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

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

16. Specific lobbying issues

Public hospital appropriations
Medical funding

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

Center for Medicare and Medicaid Services
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)
Gilliland, C. Michael
Grinstead, Darrel J.
Munk, Jeffrey W.
Porter, John Edward
Hayes, Katherine J.

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

Signature 

Date 07/31/2003

Registrant Name Hogan & Hartson L.L.P. Client Name Health and Hospital Corporation of Marion Co

00000282786

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

Hook, Brian H.

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
		City: Country:		cli

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

[Handwritten signature]

Date 8/17/10

Signature [Handwritten Signature] Date 11/1/01

Printed Name and Title Munk, Jeffrey W. (Partner)