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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 4/23/2002  
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 20  
4. Principal place of business (if different from line 3)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
5. Telephone number and contact name  
202-637-5697 Contact Granese, Nancy L. E-mail (optional) NLGranese@H  
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 check the box labeled "Self" and proceed to line 10.*  Self

7. Client name Musculoskeletal Transplant Foundation  
Address 125 May Street  
City Edison State New Jersey Zip 08  
8. Principal place of business (if different from line 7)  
City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_  
9. General description of client's business or activities  
A non-profit service organization providing human tissue for transplants

### 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 an individual has served as a "covered executive branch official" or "covered legislative branch official" within the last 12 months, 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)
<u>Allen, Kim M.</u>	
<u>Bumpers, M. Brooke</u>	
<u>Granese, Nancy L., Governmental Affairs Advisor</u>	



Registrant Name Hogan & Hartson, LLPClient Name Musculoskeletal Transplant**LOBBYING ISSUES**

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

HCRMMMTAX

12. Specific lobbying issues (current and anticipated)

Matters related to human tissue transplantation;

**AFFILIATED ORGANIZATIONS**13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobby No ⇒ Go to line 14 Yes ↓ Complete the rest of this section for each the criteria above, then proceed to line 14.

Name	Address	Principal Place (city and state)

**FOREIGN ENTITIES**

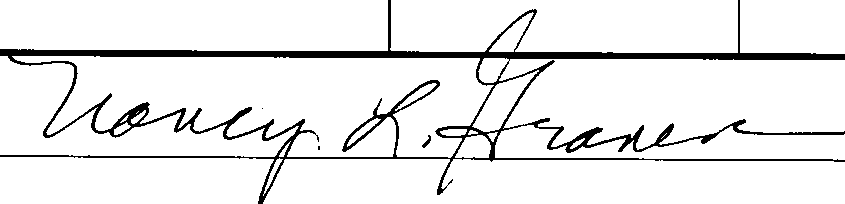
14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, fir 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 inte: outcome of the lobbying activity?

 No ⇒ Sign and date the registration Yes ↓ Complete the rest of this section for each the criteria above, then sign and date the registrat

Name	Address	Principal place of business (city and state or country)	Amount contributic lobbying ac

Signature

Date April 19, 2002Printed Name and Title Granese, Nancy L. Governmental Affairs Advisor

