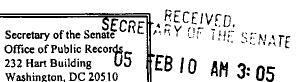
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

Office of Public Records Washington, DC 20510



## **LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

			<del> </del>					
1. Registrant Name								
Hogan & Hartson L.L.P.			~~~~~					
2. Address	an previously reported							
555 13th Street, N.W. Washing	ton, DC 20004-1109							
3. Principal Place of Business (if different	ent from line 2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
City:	State/Z	lip (or Country)						
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID#					
Munk, Jeffrey W.	202-637-5600	jwmunk@hhlaw.com	18422-					
7. Client Name  Self			6. House ID#					
Health and Hospital Corpora	ation of Marion County		30470					
10. Check if this is a Termination INCOME OR EXPE			11. No Lobbyinį					
12. Lobby	ing Firms	13. Organiz	ations					
INCOME relating to lobbying period was:	activities for this reporting	EXPENSES relating to lobbying act period were:	ivities for this rep					
Less than \$10,000 \		Less than \$10,000 🚨						
\$10,000 or more		\$10,000 or more						
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all		Method A Reporting amounts using LDA defini						
payments to the registrant by any other entity for lobbying activities on behalf of the client).								
1	, 1,	Method C. Reporting amounts under section 16. Internal Revenue Code						
Signature	MW./M							

Mink laffrov M /Dartnar\ Filing #f42a5201-af47-40a0-80b0-ce0bd1c9cc15 - Page 1 of 6

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client N	Tame Health and Hospital Corporation of Marion Cou
LOBBYING ACTIVITY. Select as many codes as necess engaged in lobbying on behalf of the client during the repoinformation as requested. Attach additional page(s) as need	rting period. Using a separate page for each code
15. General issue area code HCR (one per page)	
16. Specific lobbying issues	
Public hospital appropriations and Medicaid funding	
17. House(s) of Congress and Federal agencies contacted	Check if None
Center for Medicare and Medicaid Services Senate House of Representatives	
18. Name of each individual who acted as a lobbyist in th  NOTE: To add the name of a lobbyist no longer employed b  Name	
Gilliland, C. Michael Grinstead, Darrel J.	
Munk, Jeffrey W.	
Porter, John Edward	
19. Interest of each foreign entity in the specific issues listed or	n line 16 above 🖸 Check if None
1	/ /
Signature ////////////////////////////////////	Date 2/9/05
Drinted Name and Title / Munk, Jeffrey W. (Partner) Filing #f42a5201-af47-40a0-80b0-ce0bd1c	/ / 9cc15 - Page 3 of 6

Registrant Name Hogan & Hartson L.L.P.			Cli	ent Na	me_H	ealt	h and	Ho	spita	al Cor	pora	ation o	f Mari	on Co
nformation Update Pag	ge - Comple	te ONLY v	vhe	re regi	strati	on	inforn	atio	on h	as cha	nge	d.		
20. Client new address		<u>.</u>												
21. Client new principal place of busin			ı	•••										
City			Stat	¢/							Zip	'.		
22. New general description of client														
LOBBYIST UPDATE  23. Name of each previously r Hayes, Katherine J.	reported indiv	ridual who	is n	o long	er exp	ect	ed to a	ct as	s a lo	obbyis	t foi	the cl	ient	
ISSUE UPDATE 24. General lobbying issues pr	reviously rep	orted that n	ıo le	onger i	pertair	1								
AFFILIATED ORGANIZATIONS 25. Add the following affiliated organization  Name		on(s)	Address					Principal Place of B (city and state or c						
			•••••	***********	•••••			*****		City: State: Count		-4	Zip	:
26. Name of each previously  FOREIGN ENTITIES		anization th	nat i	s <b>no lo</b>	nger	affi	liated v	with	the	registr	ant	or clie	nt	
Name		Address	ess Principal place of but (city and state or cou						Amount of contribution for lobbying activities					
		***************************************			City:	try:		••••••		••••••		•••••		***********
28. Name of each previously affiliated organization	reported for	eign entity	that	no lor	ger o	wn	s, <u>or</u> co	ontro	ols, g	or is a	ffilia	ated wi	th the	regist
S: 4	1 111 1	<u> </u>	4,	1						Data	4	2/	/ <del>4/</del>	/ 5~
Signature	1/4 L. V		U	~(						Date	_	/	<u>'/</u>	

Form LD-2 (Rev. 6/98)

Page \_