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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 07/14/2004

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson L.L.P.

Address 555 Thirteenth Street N.W.

City Washington

State DC

Zip 20004-1109

4. Principal place of business (if different from line 3)

City _____

State/Zip (or Country) USA

5. Telephone number and contact name

202-637-5783

Contact Linda E. Fishman

E-mail (optional) _____

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 lobbyists should be labeled "Self" and proceed to line 10.* Self

7. Client name Alliance of Community Health Plans

Address 2000 M Street, NW, Suite 201

City Washington

State DC

Zip 20036

8. Principal place of business (if different from line 7)

City _____

State/Zip (or Country) USA

9. General description of client's business or activities

Provider organization

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 any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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)
Linda E. Fishman	

Registrant Name Hogan & Hartson L.L.P.

Client Name Alliance of Community Health Plans

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD

HCR
 GOV
 MMM
 TAX

12. Specific lobbying issues (current and anticipated)

Health and tax issues

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying

No ⇒ Go to line 14.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text"/>

FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or 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 a direct interest in of the lobbying activity?

No ⇒ Sign and date the registration.

Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	

Signature Linda E. Lehman

Date August 5, 2008

Printed Name and Title Linda E. Fishman

Form LD-1 (Rev. 06/98)