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LOBBYING REPORT

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

1. Registrant name Hogan & Hartson LLP			
2. Address <input type="checkbox"/> Check if different than previously reported Columbia Square 555 13th Street NW Washington DC 20004 USA			
3. Principal place of business (if different than line 2) City _____ State/Zip or Country _____			
4a. Contact Name Mr. Douglas P. Wheeler	b. Telephone number 202-637-5556	c. E-mail DPWheeler@HHLAW.COM	5. Senate ID # 18422-7273
7. Client Name <input type="checkbox"/> Self Government Solutions Group, Inc.			6. House ID # 30470435

TYPE OF REPORT 8. Year 2006 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>12. Lobbying Firms</p> <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"/> ⇨ \$ _____</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>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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of option</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>

	Edit Form >	File with _____
Senate Password	<input type="text"/>	File with _____

Signature Douglas P Wheeler Date _____

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Digitally signed by Douglas P. Wheeler
 DN: cn=Douglas P. Wheeler, o=ACES Business Representatives, ou=ACES
 ACES Business Representatives
 Reason: I have reviewed this document
 Date: 2006.08.14 10:17:36 -0400

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Signature _____ Date _____

Printed Name and Title Douglas P. Wheeler (Partner)

LD-2DS (Rev. 4.06)

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