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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 05/15/20
 2. House Identification Number 30470 Senate Identification Number 18422

REGISTRANT

3. Registrant name Organization Hogan & Hartson, L.L.P.
 Address 555 - 13th Street, N.W.
 City Washington State DC Zip 20004 U:
 4. Principal place of business (if different than line 3)
 City _____ State _____ Zip _____
 5. Telephone number and contact name Prefix Full Name
202 637-5695 Contact Mr. John Edward Porter E-mail JEPorter@HHLaw.com
 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 check the labeled "Self" and proceed to line 10.* Self

7. Client name Mount Sinai School of Medicine
 Address One Gustave I. Levy Place, Box 1057
 City New York State NY Zip 10029-6574 Country U
 8. Principal place of business (if different than line 7)
 City _____ State _____ Zip _____ Country _____
 9. General description of client's business or activities
Medical College

LOBBYISTS

Go to page 3 to add more

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 section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name			Covered Official Position (if applicable)
First	Last	Suffix	
John Edward	Porter		
Michael C.	Gilliland		
Robert D.	Kyle		
Robert H.	Michel		
Michael J.	Don		

1000172927



Registrant Name Hogan & Hartson, L.L.P.

Client Name Mount Sinai School of Medicine

LOBBYING ISSUES BUD - Budget/Appropriations

Go to page 3 to add more lobby

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p:

BUD

12. Specific lobbying issues (current and anticipated)

Assist in obtaining federal funding for the National Children's Study

AFFILIATED ORGANIZATIONS

Go to page 3 to add more orgs

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

No ⇒ Go to line 14.

Yes ⇒

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

Name	Address	Principal place of Business (city and state or county)

FOREIGN ENTITIES

Go to page 3 to add more fore.

14. Is there any foreign entity that:

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

No ⇒ Sign and date the registration.

Yes ⇒

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

Name	Address Street Address City State/Province Country	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

3000172928

Registrant Name Hogan & Hartson, L.L.P.

Client Name Mount Sinai School of Medicine

ADDITIONAL LOBBYISTS

Return to page 2 to finish

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name Last	Suffix	Covered Official Position (if applicable)
Paul G.	Rogers		

ADDITIONAL LOBBYING ISSUES

Return to page 2 to finish

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

BUD - Budget/Appropriations

AFFILIATED ORGANIZATIONS

Return to page 2 to finish

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

Name	Address	Principal place of business (city and state or country)

ADDITIONAL FOREIGN ENTITIES

Return to page 2 to finish

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address Street Address City	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	perc
	State/Province Country			

Add an additional supplementary information

Printed Name and Title John Edward Porter

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