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05 AUG 11

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. Lance D. Bultena	b. Telephone number 202-637-5587	c. E-mail LDBultena@HHLAW.com	5. Senate ID # 18422-4531
7. Client Name <input type="checkbox"/> Self Trilegiant Corporation			6. House ID # 30470335

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 Activity

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 type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>20,000</u></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 options.</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 the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Senate Password _____

Signature Lance D Bultena Date 8/11/2006

Printed Name and Title Lance D. Bultena (Partner)

Digitally signed by Lance D Bultena
 DN: cn=Lance D Bultena, o=HHL, ou=DET AGES Institute Representatives, ou=DET
 *CGE System Representative
 Reason: I have no report file agreement
 Date: 2006.08.11 16:17:46 -0400

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