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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 05/15/201

2. House Identification Number 30470 Senate Identification Number 18422

## REGISTRANT

3. Registrant name Organization Hogan & Hartson, LLP  
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 Medical College of Wisconsin  
Address P.O. Box 1997

City Milwaukee State WI Zip 53201-1997 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 fi a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

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

1000172899



Registrant Name Hogan & Hartson, LLP

Client Name Medical College of Wisconsin

**LOBBYING ISSUES** Find the code to select below.

*Go to page 3 to add more lobbyi*

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

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 orga*

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 Busine (city and state or count

**FOREIGN ENTITIES**

*Go to page 3 to add more forei*

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 ac 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 c lobbying activity?

No ⇨ Sign and date the registration.

Yes ⇨ Complete the rest of this section for each enti matching the criteria above, then sign and dat registration.

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

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Form C



Registrant Name Hogan & Hartson, LLP

Client Name Medical College of Wisconsin

**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		Covered Official Position (if applicable)
	Last	Suffix	
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.

Find the code to select below.

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

*Add an additional supplementary information*

Printed Name and Title John Edward Porter

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