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02 MAR 26

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration November 9

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Alston & Bird LLP

Address 601 Pennsylvania Avenue, N.W., North Building, 11th Floor

City Washington State D.C. Zip 20004-2

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

City Atlanta State/Zip (or Country) Georgia Zip 30309-3

5. Telephone number and contact name

(202) 756-3342 Contact Jonathan M. Winer E-mail (optional) jwiner@alston.c

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 check the box labeled "Self" and proceed to line 10. Self

7. Client name Checkfree Corporation

Address 4411 East Jones Bridge

City Norcross State GA Zip 30

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

City _____ State/Zip (or Country) _____

9. General description of client's business or activities Internet Banking

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within two 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)
<u>Thomas M. Boyd</u>	



Registrant Name Alston & Bird LLP Client Name Checkfree Corporation

LOBBYING ISSUES

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

12. Specific lobbying issues (current and anticipated)

Internet Tax

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during the 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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

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; or
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes 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 the outcome of the lobbying activity?

No ⇒ Sign and date the registration.

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

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	

Signature *Jonathan M. Winer*

Date December

Printed Name and Title Jonathan M. Winer – Counsel

