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# LOBBYING REGISTRATION

## Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 2/16/2005

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant name King & Spalding, LLP

Address 1700 Pennsylvania Avenue, N.W.

City Washington

State DC

Zip 20006

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

(202) 737-0500

Contact Andrew L. Woods

E-mail (optional) \_\_\_\_\_

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 labeled "Self" and proceed to line 10.*  Self

7. Client name Detroit Medical Center

Address 3663 Woodward Avenue, 5th Floor

City Detroit

State MI

Zip 48201

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

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Hospital System

### 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 of this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of 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)
Andrew L. Woods	
Viraj Mirani	

Form LD-1 (Rev. 06/08)

Registrant Name King & Spalding, LLP Client Name Detroit Medical Center

**LOBBYING ISSUES**

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

BUD  HCR  MMM  PHA  TAX

12. Specific lobbying issues (current and anticipated)

Appropriations, health care legislation

**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 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 meeting 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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages the lobbying 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 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 the registration.

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

Signature  \_\_\_\_\_ Date 

Printed Name and Title Andrew L. Woods, Senior Counsel

Form LD-1 (Rev. 06/98)