

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE

04 AUG 11 PM 2:47

**LOBBYING REPORT**

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Hogan & Hartson L.L.P.			
2. Address <input type="checkbox"/> Check if different than previously reported 555 13th Street, N.W. Washington, DC 20004-1109			
3. Principal Place of Business (if different from line 2) City: _____ State/Zip (or Country) _____			
4. Contact Name Porter, John Edward	Telephone (202) 637-5695	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Innovative Solutions in Healthcare, Inc.			6. House ID #

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1-June 30) ☒ OR Year End (July 1-De
9. Check if this filing amends a previously filed version of this report ☐10. Check if this is a Termination Report ☒ ⇒ Termination Date 6/30/2004

11. No Lobbying

**INCOME OR EXPENSES - Complete Either Line 12 OR Line 13**

<b>12. Lobbying Firms</b>  <b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input checked="" type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)  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).	<b>13. Organizations</b>  <b>EXPENSES</b> relating to lobbying activities for this reporting period were:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description  <input type="checkbox"/> Method A. Reporting amounts using LDA default <input type="checkbox"/> Method B. Reporting amounts under section 6115 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code
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Signature

Signature

Printed Name and Title Porter, John Edward (Partner)

LD-2 (REV. 6/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Innovative Solutions in Healthcare, Inc.

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code GOV (one per page)

16. Specific lobbying issues

Project for management of lung, breast and prostate cancers

17. House(s) of Congress and Federal agencies contacted

☒ Check if None

18. Name of each individual who acted as a lobbyist in this issue area

NOTE: To add the name of a lobbyist no longer employed by the firm, type the name into the drop down box above.  
 Name Covered Official Position (if applicable)

Gilliland, C. Michael

Porter, John Edward

Smith, Kate McAuliffe

19. Interest of each foreign entity in the specific issues listed on line 16 above

☐ Check if None

Signature

Date 08/09/2004

Printed Name and Title Porter, John Edward (Partner)

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Page

Registrant Name Hogan & Hartson L.L.P. Client Name Innovative Solutions in Healthcare, Inc.

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/

Zip:

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is no longer expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that no longer pertain

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)
		City: State: Zip: Country:

26. Name of each previously reported organization that is no longer affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant or affiliated organization

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Signature \_\_\_\_\_ Date 08/09/2004

Printed Name and Title Porter, John Edward (Partner)

Form LD-2 (Rev. 6/98)

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