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LOBBYING REGISTRATION

Lobby Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

1. Effective Date of Registration 5/7/2006

2. House Identification Number _____

Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson, LLP

Address Columbia Square, 555 Thirteenth Street, N.W.

City Washington

State DC

Zip 2000

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

City _____

State/Zip (or Country) _____

5. Telephone number and contact name

202-637-5695

Contact

Porter, John Edward

E-mail (optional)

JEPorter@HHLA

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 Innovative Solutions in Healthcare, Inc.

Address 80700 Telegraph Road

City Bingham Farms

State Michigan

Zip 4800

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

City _____

State/Zip (or Country) _____

9. General description of client's business or activities

Healthcare

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 individual in 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)
Gilliland, C. Michael	
Porter, John Edward	

Registrant Name Hogan & Hartson, LLP

Client Name Innovative Solutions in Health

LOBBYING ISSUES

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

GOV

12. Specific lobbying issues (current and anticipated)

Project for management of lung, breast and prostate cancers;

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbyin

No ⇒ Go to line 14

Yes ↓ Complete the rest of this section for each er the criteria above, then proceed to line 14.

Name	Address	Principal Place of (city and state or

FOREIGN ENTITIES

14. Is there any foreign entity that:

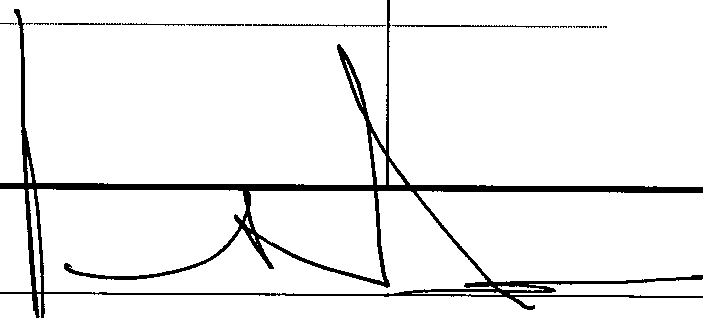
- a) holds at least 20% equitable ownership in the client or any organization identified on lin
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finan subsidizes activities of the client or any organization identified on line 13; **or**
- c) is an affiliate of the client or any organization identified on line 13 and has direct interes outcome of the lobbying activity?

No ⇒ Sign and date the registration

Yes ↓ Complete the rest of this section for each en the criteria above, then sign and date the registrati

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

Signature



Date 7-9-02

Printed Name and Title Porter, John Edward Partner

