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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 07/06/2004

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Hogan & Hartson L.L.P.

Address 555 Thirteenth Street N.W.

City Washington

State DC

Zip 20004-1109

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

City _____

State/Zip (or Country)

USA

5. Telephone number and contact name

(202) 637-3695

Contact Sullivan, Mary Anne

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 The Westwood Group

Address 1790 Lanier Place, NW

City Washington

State DC

Zip 20009

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

City _____

State/Zip (or Country)

USA

9. General description of client's business or activities

Support services contractor to Department of Energy

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 person this section has served as a "covered executive branch official" or "covered legislative branch official" within two years 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)
Smith, Kate McAuliffe	

Registrant Name Hogan & Hartson L.L.P. Client Name The Westwood Group

LOBBYING ISSUES

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

ENG
 LBR

12. Specific lobbying issues (current and anticipated)

Amendments to Energy Employees Occupational Injury Compensation Act.

AFFILIATED ORGANIZATIONS

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 the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)
		City: <input type="text"/> State: <input type="text"/> Zip: <input type="text"/> Country: <input type="text" value="USA"/>

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 supports 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 client's lobbying activity?

- No ⇒ Sign and date the registration.
 Yes ↓ Complete the rest of this section for each 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	Percentage of total lobbying activities
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	<input type="text"/>	<input type="text"/>

Signature May Anne Sullivan Date 8/4/04

Printed Name and Title Sullivan, Mary Anne (Partner)

Form LD-1 (Rev. 06/98)