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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 06/25/2004  
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) 637-5695

Contact Porter, John Edward

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 Rightfield Solutions

Address 300 West Adams, Suite 609

City Chicago

State IL

Zip 60606

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

Medical expectation management

### 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 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)
<u>Porter, John Edward</u>	
_____	
_____	

Form LD-1 (Rev. 06/98)

Registrant Name Hogan & Hartson L.L.P. Client Name Rightfield Solutions

**LOBBYING ISSUES**

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

GOV                               

12. Specific lobbying issues (current and anticipated)

Introducing the benefits of EMMI (Expectation Management of Medical Information) to the Federal policy makers.

**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 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"/>

**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 supervises 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 matching the criteria above, then sign a registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	

Signature \_\_\_\_\_ Date 06-20-01

Printed Name and Title Porter, John Edward (Partner)

Form LD-1 (Rev. 06/98)