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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 8/11/200  
 2. House Identification Number 30470 Senate Identification Number 18422

## REGISTRANT

3. Registrant name Hogan & Hartson LLP  
 Address Columbia Square 555 13th Street NW  
 City Washington State DC Zip 20004 U:  
 4. Principal place of business (if different than line 3)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 5. Telephone number and contact name  
202-637-5619 Contact Mr. C. Michael Gilliland E-mail CMGilliland@HHLAW.com  
 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 the labeled "Self" and proceed to line 10.*  Self

7. Client name Informed Care  
 Address 1180 Seminole Trail, Suite 490  
 City Charlottesville State VA Zip 22901 U:  
 8. Principal place of business (if different than line 7)  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 9. General description of client's business or activities  
Provider of telehealth disease management services.

## 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 filing this registration 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)
C. Michael Gilliland	
Kate McAuliffe Smith	
Paul G. Rogers	

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Registrant Name Hogan & Hartson LLP

Client Name Informed Care

### LOBBYING ISSUES

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

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12. Specific lobbying issues (current and anticipated)

Medicare coverage for telehealth services

### 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 criteria above, then proceed to line 14.

Name	Address	Principal place of Business (city and state or county)

### 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 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 a direct interest in the outcome of 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 registration.

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

Signature

*C. Michael Gilliland*

Date

8/15/2006

Printed Name and Title C. Michael Gilliland (Partner)

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