

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
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## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

1. Effective Date of Registration 04/26/2004

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

202 637-5645

Contact Christine Warnke, Governm E-mail (optional) cmwarnke

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 cl*  
labeled "Self" and proceed to line 10.  Self

7. Client name Latino Commission on Aids

Address 24 West 25th Street - 9th Floor

City New York, NY

State NY

Zip 10010

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

City \_\_\_\_\_

State/Zip (or Country) USA 0010

9. General description of client's business or activities

Advocacy on health activities

### 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 p  
this section has served as a "covered executive branch official" or "covered legislative branch official" within tw  
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 applic
<u>Warnke, Christine M.</u>	<u>Governmental Affairs Advisor</u>

Form LD-1 (Rev. 06/98)

**Draft**

Registrant Name Hogan & Hartson L.L.P.

Client Name Latino Commission on Aids

**LOBBYING ISSUES**

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

APP								
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12. Specific lobbying issues (current and anticipated)

Appropriation

**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 lobbying

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;
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or manages 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 entity 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
		City: <input type="text"/> State: <input type="text"/> Country: <input type="text"/>	

*[Handwritten Signature]*

Signature  Date \_\_\_\_\_

Printed Name and Title Christine Warnke, Governmental Affairs Advisor ()

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