

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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SECRETARY OF THE SENATE

05 JUN 10 AM 10:37

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Has this registrant previously registered with the Office of the Clerk?  Yes  No

1. Effective Date of Registration 05/25/200

2. House Identification Number 32080 Senate Identification Number 21563

**REGISTRANT**

3. Registrant name Organization Kilpatrick Stockton LLP

Address 607 Fourteenth Street, NW, Suite 900

City Washington State DC Zip 20005 Country US

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

5. Telephone number and contact name Prefix Full Name

202/508-5800 Contact Mr. Christopher Ott E-mail COtt@kilpatrick stockton.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 Hemisphere, Inc.

Address 75 5th Street, N.W., Suite 1000

City Atlanta State GA Zip 30308 Country U

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

9. General description of client's business or activities

Trade with South and Central America

**LOBBYISTS**

Go to page 3 to add more

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 section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing 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)
First	Last	Suffix	
Christopher	Ott	Esq.	
Armand	DeKeyser	Mr.	c/s Senator Jeff Sessions
John	Loving	Mr.	
John	Walk	Mr.	



Registrant Name Kilpatrick Stockton LLP

Client Name Hemisphere, Inc.

**LOBBYING ISSUES** Find the code to select below.

Go to page 3 to add more lobbyin

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

TRD \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

FTAA for City of Atlanta.

**AFFILIATED ORGANIZATIONS**

Go to page 3 to add more orgar

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 country)

**FOREIGN ENTITIES**

Go to page 3 to add more foreig

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 ac 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 o 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	O p
	Street Address City	State/Province	Country			

Form Com

Printed Name and Title Christopher A. Ott, Attorney



Registrant Name Kilpatrick Stockton LLP

Client Name Hemisphere, Inc.

**ADDITIONAL LOBBYISTS**

*Return to page 2 to finish*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

First	Name		Covered Official Position (if applicable)
	Last	Suffix	

**ADDITIONAL LOBBYING ISSUES**

*Return to page 2 to finish*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

Find the code to select below.

**AFFILIATED ORGANIZATIONS**

*Return to page 2 to finish*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

**ADDITIONAL FOREIGN ENTITIES**

*Return to page 2 to finish*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

Name	Address			Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Percentage
	Street Address	State/Province	Country			

*Add an additional supplementary information*

Printed Name and Title Christopher A. Ott, Attorney



