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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - **All Filers Are Required To Complete This Page**

1. Registrant Name
Akin, Gump, Strauss, Hauer & Feld, L.L.P.

2. Address ☐ Check if different than previously reported
1333 New Hampshire Avenue, NW

3. Principal Place of Business (if different from line 2)
City: Washington State/Zip (or Country) DC 20036

4. Contact Name: Sylvia A. de Leon
Telephone: 202-887-4000
E-mail (optional):

5. Senate ID: 682-2

7. Client Name ☐ Self
The Methodist Hospital

6. House ID: 31784

TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) ☒ **OR** Year End (July 1-De

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ ⇨ Termination Date _____ 11. No Lobby

INCOME OR EXPENSES – Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than $10,000 ☒

$10,000 or more ☐ ⇨ $ _____
Income (nearest $20,000)

Provide a good faith estimate, rounded to the nearest $20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).

13. Organizations

EXPENSES relating to lobbying activities for this re were:

Less than $10,000 ☐

$10,000 or more ☐ ⇨ $ _____
Expenses (near

14. REPORTING METHOD. Check box to indica accounting method. See instructions for description

☐ **Method A.** Reporting amounts using LDA defi

☐ **Method B.** Reporting amounts under section 6(Internal Revenue Code

☐ **Method C.** Reporting amounts under section 1(Internal Revenue Code

Signature _____ Date August 13, 2004

Printed Name and Title Sylvia A. de Leon, Partner

LD-2 (REV. 6/98) P

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name The Methodist Hospital

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each co** information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Appropriations (HHS, VA-HUD, FEMA)

17. House(s) of Congress and Federal Agencies contacted ☐ Check if None

U.S. House of Representatives
U.S. Senate
U.S. Department of Health & Human Services

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Sylvia A. de Leon	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature _____ Date August 13, 2004

Printed Name and Title Sylvia A. de Leon, Partner

Registrant Name Akin, Gump, Strauss, Hauer & Feld, L.L.P. Client Name The Methodist Hospital

Information Update Page – Complete ONLY where registration information has changed.

20. Client new address

21. Client new principal place of business (if different from line 20)

City: State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Dana E. Singiser

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organizations(s)

Name	Address	Principal Place of (city and state or

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution if more than $10,000	

28. Name of each previously reported foreign entity that no longer owns, or controls, or is affiliated with the registrant, affiliated organization.

Signature Date August 13, 200

Printed Name and Title Sylvia A. de Leon, Partner

Form LD-2 (Rev. 6/98)

Page