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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) – All Filers Are Required to Complete This Page

1. Registrant name <b>Vinson &amp; Elkins LLP</b>			
2. Address <b>1455 Pennsylvania Avenue, N.W., Suite 800, Washington, D.C. 20004-1008</b>			
3. Principal place of business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name <b>Christine L. Vaughn</b>	Telephone <b>(202) 639-6500</b>	E-mail (optional)	5. Senate ID <b>40112</b>
7. Client Name <input type="checkbox"/> Self <b>Charleston Area Medical Center</b>			6. House ID <b>31414</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1–June 30)  **OR** Year End (July 1–Decen

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 Lobbying A

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

<p><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (nearest \$20,000)</p> <p>14. <b>REPORTING METHOD.</b> Check box to indicate reporting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code</p>
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Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name and Title \_\_\_\_\_

Form LD-2 (Rev 6/98)



Printed Name and Title Christine L. Vaughn, Partner

Form LD-2 (Rev 6/98)