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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 <input type="checkbox"/> 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 # 682-245
7. Client Name <input type="checkbox"/> Self The Methodist Hospital			6. House ID # 317842

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31)

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

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

12. Lobbying Firms	13. Organizations
<b>INCOME</b> relating to lobbying activities for this reporting period was: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> <small>Income (nearest \$20,000)</small>	<b>EXPENSES</b> relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇨ \$ _____ <small>Expenses (nearest \$20,000)</small>
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).	<b>14. REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 603 Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162 Internal Revenue Code

Signature \_\_\_\_\_ Date February 13, 2001 \_\_\_\_\_

Printed Name and Title Sylvia A. de Leon, Partner \_\_\_\_\_

LD-2 (REV. 6/98)

PA

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 registrant engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** 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
- FEMA

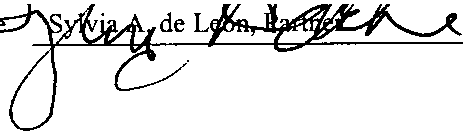
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Sylvia A. de Leon	
John M. Simmons	
Dana E. Singiser	

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

Signature  Date February 13, 200

Printed Name and Title Sylvia A. de Leon, Partner



Form LD-2 (Rev. 6/98)

Page

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

Stacy Carlson

**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 Business (city and state or country)

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

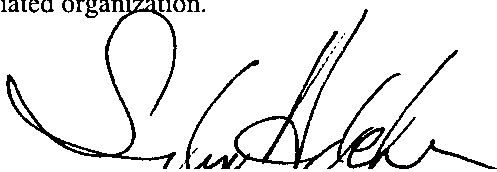
**FOREIGN ENTITIES**

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, client or affiliated organization.

Signature



Date February 13, 2004

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Printed Name and Title Sylvia A. de Leon, Partner

Form LD-2 (Rev. 6/98)

Page