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LOBBYING REPORT

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

1. Registrant name Vinson & Elkins LLP			
2. Address 1455 Pennsylvania Avenue, N.W., Suite 800, Washington, D.C. 20004-1008			
3. Principal place of business (if different from line 2) City _____ State/Zip (or Country) _____			
4. Contact Name Christine L. Vaughn	Telephone (202) 639-6500	E-mail (optional)	5. Senate ID 40112-
7. Client Name <input type="checkbox"/> Self Texas Children's Hospital			6. House ID 314140

TYPE OF REPORT 8. Year 2002 Midyear (January 1–June 30) **OR** Year End (July 1–Dec)

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
INCOME 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>20,000</u> Income (nearest \$20,000)	EXPENSES relating to lobbying activities for this reporting period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Expenses (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).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of o <input type="checkbox"/> Method A. Reporting amounts using LDA definition <input type="checkbox"/> Method B. Reporting amounts under section 6013 Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code

Signature _____ Date February 13, 200

Form LD-2 (Rev. 6/98)

Registrant Name Vinson & Elkins LLP Client Name Texas Children's Hospi

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

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

16. Specific lobbying
Medicare reimbursement issues.

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

U.S. Senate
U.S. House of Representatives

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

Name	Covered Official Position (if applicable)
Larry A. Oday	
Melissa K. Waugh	
J. Todd Metcalf	

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

Signature _____ Date February 13, 20

Form LD-2 (Rev. 6/98)

Registrant Name Vinson & Elkins LLP Client Name Texas Children's 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

J. Todd Metcalf

ISSUE UPDATE

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

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(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 for lobbying activities	Ownership percentage

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

Signature Christine L. Vaughn Date February 13, 2010

Printed Name and Title **Christine L. Vaughn, Partner**

Form LD-2 (Rev 6/98)