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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 # 682-251
7. Client Name <input type="checkbox"/> Self Baylor College of Medicine			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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇨ \$ <u>40,000</u> 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>13. Organizations</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. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 603 Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162 Internal Revenue Code</p>
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Signature  Date February 13, 2007

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 Baylor College of Medicine

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the registrant was 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

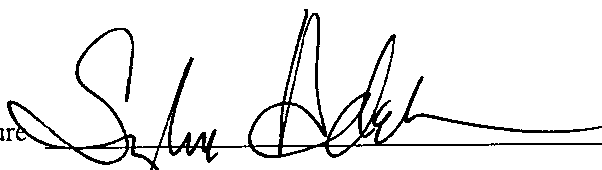
Name	Covered Official Position (if applicable)
Sylvia A. de Leon	
John M. Simmons	
Dana E. Singiser	
Barney J. Skladany	

19. Interest of each foreign entity in the specific issues listed on line 16 above



Check if None

Signature



Date February 13, 2006

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 Baylor College of Medicine

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 Bu (city and state or co

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

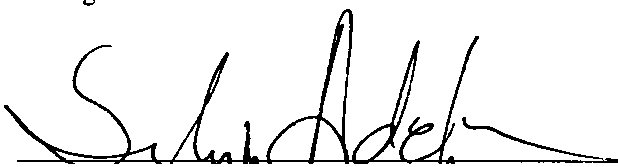
FOREIGN ENTITIES

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, cli
affiliated organization.

Signature



Date February 13, 2004

Printed Name and Title Sylvia A. de Leon, Partner

Form LD-2 (Rev. 6/98)

Page