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### LOBBYING REPORT

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

1. Registrant Name <u>Mary Schneider</u>	
2. Address <input type="checkbox"/> Check if different than previously reported <u>5075 Westheimer Suite 1150</u>	
3. Principal Place of Business (if different from line 2) City: <u>Houston, Texas</u> State/zip (or Country) <u>77056</u>	
4. Contact Name <u>Mary Schneider</u>	Telephone <u>mary@travis-schneider.com</u>
E-mail (optional)	5. Senate ID # <u>28351</u>
7. Client Name <input type="checkbox"/> Self <u>Harris County Hospital District</u>	6. House ID #

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

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><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><b>14. REPORTING METHOD.</b> Check box to indicate expense accounting method. See instructions for description of options</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature Mary Schneider Date 2-12-2004



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Registrant Name Mary Schneider Client Name Harris County 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 code information as requested. Attach additional page(s) as needed.

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

16. Specific lobbying issues

Health and Human Services, appropriations for medical equipment.

17. House(s) of Congress and Federal agencies contacted

Check if None

House

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

Name	Covered Official Position (if applicable)

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

Check if None

Signature Mary Schneider Date 2-11-2003

Printed Name and Title Ilmy Schmeiger

Form 1.0-2 (Rev. 4/03)

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