

Clerk of the House of Representatives  
Legislative Resource Center  
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Washington, DC 20515

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Washington, DC 20510

SECRETARY OF THE SENATE

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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>314140</b>

**TYPE OF REPORT** 8. Year 2004 Midyear (January 1–June 30)  **OR** Year End (July 1–Dece

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:	<b>EXPENSES</b> relating to lobbying activities for this reporting period were:
Less than \$10,000 <input checked="" type="checkbox"/>	Less than \$10,000 <input type="checkbox"/>
\$10,000 or more <input type="checkbox"/> ⇒ \$ _____ Income (nearest \$20,000)	\$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. <b>REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of o
	<input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA defini
	<input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 60 Internal Revenue Code
	<input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 16 Internal Revenue Code

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Form LD-2 (Rev. 4/03)

Registrant Name Vinson & Elkins LLP Client Name Charleston Area Medic

**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 payment issues.**

17. House(s) of Congress and Federal agencies contacted  Check if None  
**U.S. House of Representatives**  
**U.S. Senate**

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

Name	Covered Official Position (if applicable)
<b>Larry A. Oday</b>	

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

Signature  Date February 14, 20

Printed Name and Title Christine L. Vaughn, Partner

Form LD-2 (Rev. 4/03)