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## **LOBBYING REPORT**

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

1.	Registrant name						
2.	Vinson & Elkins LLP 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 Telephone	E-mail (optional) 5. Senate II					
	Christine L. Vaughn (202) 639-6500	6. House ID					
7.							
	Charleston Area Medical Center	314140					
T	TYPE OF REPORT 8. Year 2004 Midyear (January 1-June 30) 🗵 OR Year End (July 1-Dece						
9.	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:		<b>EXPENSES</b> relating to lobbying activities for this reporwere:					
Les	ss than \$10,000 🗵	Less than \$10,000 □					
\$10	0,000 or more	\$10,000 or more □ ⇒ \$Expenses (nearest \$20					
		14. <b>REPORTING METHOD.</b> Check box to indicate accounting method. See instructions for description of o					
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).		Method A. Reporting amounts using LDA defir					
		Method B. Reporting amounts under section 60 Internal Revenue Code					
uou	urides on bondir or the orienty.	Method C. Reporting amounts under section 16 Internal Revenue Code					
s	Signature Date						

\_\_. \_. Filing #cf6a741f-d6cb-4979-adc3-d4a1d6945a46 - Page 1 of 4

Form LD-2 (Rev. 4/03)							

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

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 sepail for each code, provide information as requested. Attach additional page(s) as needed.							
15. General issue area co	de MMM (one per page)						
16. Specific lobbying  Medicare payme	ent issues.						
17. House(s) of Congress U.S. House of Ro U.S. Senate	s and Federal agencies contacted epresentatives	☐ Check if None					
18. Name of each individual who acted as a lobbyist in this issue area							
	Name	Covered Offi	cial Position (if applicable)				
Larry A. Oday							
.,							
19. Interest of each forei	gn entity in the specific issues listed	on line 16 above	Check if None				
Signature L Mu		Date_	August 12, 2004				
Printed Name and Title Christine L. Vaughn, Partner							

Form LD-2 (Rev. 4/03)