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### LOBBYING REPORT

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

1. Registrant Name Dallas County Hospital District d/b/a Parkland Health & Hospital System			
2. Address <input type="checkbox"/> Check if different than previously reported 5201 Harry Hines Blvd., Dallas			
3. Principal Place of Business (if different from line 2) City: Dallas State/zip (or Country) Texas 75235			
4. Contact Name Steven J. Roth		Telephone 214 590-4577	E-mail (optional) sjroth@parknet.pmh.org
7. Client Name <input checked="" type="checkbox"/> Self			5. Senate ID # 6. House ID #

TYPE OF REPORT 8. Year 2004 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 Act

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

#### 12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000

\$10,000 or more  ⇒ \$ \_\_\_\_\_  
Income (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).

#### 13. Organizations

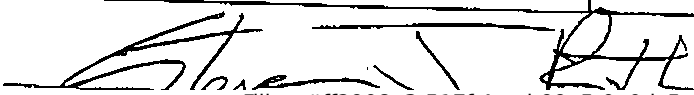
EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000

\$10,000 or more  ⇒ \$ \_\_\_\_\_  
Expenses (nearest \$20,000)

14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.

- Method A. Reporting amounts using LDA definitions or
- Method B. Reporting amounts under section 6033(b)(8) Internal Revenue Code
- Method C. Reporting amounts under section 162(e) of the Internal Revenue Code

Signature 

~~\_\_\_\_\_~~ Date 01/26/07

Printed Name and Title Steven J. Roth, Deputy General Counsel, Dallas County Hospital Dis

D-2 (REV. 4/03)

PAGE 1 of \_\_\_\_\_

Registrant Name Dallas County Hospital District District Client Name \_\_\_\_\_

**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

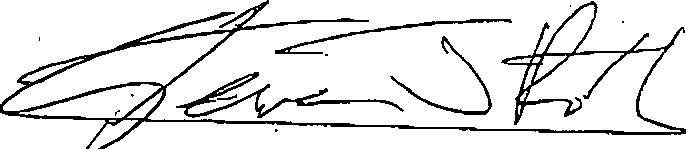
No issues to report this 6 month period.

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

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

Name	Covered Official Position (if applicable)
N/A	

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

Signature  Date 8/26/04



Registrant Name \_\_\_\_\_ Client Name \_\_\_\_\_

**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 \_\_\_\_\_

**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	Owner percent client

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

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

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

\*\* TOTAL