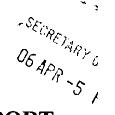
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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515 Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



## **LOBBYING REPORT**

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

1. Registrant name				
Copeland Lowery Jacquez Denton a	& White	·		
2. Address Check if different than previously reported	NO			
525 9th Street NW	Suite 800			
Washington [	OC 200	04 USA		
3. Principal place of business (if different than line 2)				
	Zip or Country			
4a. Contact Name b. Telephone number	c. E-mail	5. Senate ID#		
·	is@clj.com	10800-111		
7. Client Name Self Hi-Desert Medical Center		6. House ID # 31822083		
10. Check if this is a Termination Report ☐   → Termination Date  INCOME OR EXPENSES - Complete Either Line	12 OR Line 13	11. No Lobbying Activ		
12. Lobbying Firms		. Organizations		
INCOME relating to lobbying activities for this reporting period was:	<b>EXPENSES</b> relating to lobbying activities for this reporting were:			
Less than \$10,000	Less than \$10,000			
\$10,000 or more	\$10.000 or more	⇒ \$		
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).		OD. Check box to indicate exper structions for description of optio		
	Method B. Reports	ing amounts using LDA definitions on ing amounts under section 6033(b)(8) I Revenue Code		
		ing amounts under section 162(e) of th		
	1	Edit Form >		
Signature	Date			

✓ Page 1

16. Specific lob	bbying issues	
HR 3010, D laboratory p		and Human Services and Education FY06 appropriations, me
17. House(s) of House of Rep Senate	f Congress and Federal agen- presentatives	cies contacted Check if None
18. Name of ea	ich individual who acted as a Name	a lobbyist in this issue area  Covered Official Position (if applicable)
	Name	Covered Official Position (II applicable)
Lance	Larson	
Meredith	Stanford	
Letitia	White	Appropriations Associate, Rep. Jerry Lewis
*************		
19. Interest of		ecific issues listed on line 16 above \( \overline{\text{X}}\) Check if None

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the re engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code,

Client Name \_\_\_ Hi-Desert Medical Center

Registrant Name \_\_\_\_ Copeland Lowery Jacquez Denton & White

information as requested. Attach additional page(s) as needed.

Page 2

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Marke.	

	ndate Page .	- Complete ONI	e Client Name Hi-Desert I  Y where registration infor		4
20. Client new add		- Complete ONE	A where registration infor	mation has changed	
21. Client new pri	ncipal place of bus	siness (if different tha	ın line 20)		
City		•••••	te/Z:p		***************************************
22. New general d	escription of clien	t's business or activit	ies		
LOBBYIST U		ertod individual wh	o is no longer expected to get	as a labbuist for the ali	ont
Jeffrey	Shockey	med individual who	o is <b>no longer</b> expected to act a	as a loodyist for the ch	em
odingy	Oncokey				
ISSUE UPDAT 24. General lobb		no longer pertain			
AFFILIATED 25. Add the follo					
	Name Address	Address	Principal place of Business (city and state or country)		
			l		
26. Name of eac	h previously repo	orted organization t	hat is <b>no longer</b> affiliated with	the registrant or client	ţ
FOREIGN EN 27. Add the follo		itias			
Name	wing loreign ent	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owne perce client
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		ad famaign antity that	no longer owns, or controls, or is	s affiliated with the regis	trant, c
28. Name of each affiliated organ		ed foreign entity mat i		_	