

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

SECRETARY OF  
06 AUG 18 PM

## LOBBYING REPORT

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

1. Registrant name

Copeland Lowery Jacquez Denton & White

2. Address

☐

Check if different than previously reported

Innovative Federal Strategies LLC as of 7/1/06

525 9th Street NW, Suite 800

Washington

DC

20004

USA

3. Principal place of business (if different than line 2)

City

State/Zip or Country

4a. Contact Name

b. Telephone number

c. E-mail

5. Senate ID #

Mrs. Letitia White

202-347-5990

lwhite@innofed.com

10800-1115

7. Client Name

☐ Self

6. House ID #

Hi Desert Medical Center

31822083

### TYPE OF REPORT

8. Year 2006

Midyear (January 1-June 30) ☒

OR

Year End (July 1-December 31)

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 Activity ☐

### 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 ☒ ⇒ \$ 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 ☐ ⇒ \$ \_\_\_\_\_

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

☐ Method A. Reporting amounts using LDA definitions only


☐ Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code

☐ Method C. Reporting amounts under section 162(e) of the Revenue Code

Edit Form >

Signature \_\_\_\_\_

Date \_\_\_\_\_

 Printed Name and Title Letitia White - Partner

LD-2DS (Rev. 4.06)

✓ Page 1

Registrant Name Copeland Lowery Jacquez Denton & White

Client Name Hi Desert Medical Center

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

H.R. 5647 – Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2007 Title II, all provisions relating to hospitals, medical programs and medical research.

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

House of Representatives  
Senate

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

Name		Covered Official Position (if applicable)
Meredith	Stanford	
Letitia	White	
Heather	McNatt	Legislative Director for Rep. Jack Kingston

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

3000222558

Signature

*Letitia White*

Date

*August 8, 06*



Printed Name and Title Letitia White - Partner

LD-2DS (Rev. 4.06)

Page 2

Registrant Name Copeland Lowery Jacquez Denton & White Client Name Hï Desert Medical Center

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different than line 20)

City

State/Zip

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

Lance

Larson

**ISSUE UPDATE**

24. General lobbying issues 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	Owners percent client

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

Signature

Date

