

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

SECH  
05 AUG

# LOBBYING REPORT

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

1. Registrant Name <b>Copeland Lowery Jacquez Denton &amp; White</b>			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address <b>525 9th Street, NW</b> Suite <b>800</b> City <b>Washington</b> State/Zip (or Country) <b>DC 20004</b>			
3. Principal Place of Business (if different from line 2) City <b>N/A</b> State/Zip (or Country)			
4. Contact Name <b>Yvette Willis</b>		Telephone <b>202-347-5990</b>	E-mail (optional) <b>ywillis@clj.com</b>
7. Client Name <input type="checkbox"/> Self <b>Hi-Desert Medical Center</b>		5. Senate ID # <b>10800-1115</b>	
		6. House ID # <b>31822083</b>	

**TYPE OF REPORT** 8. Year 2005 Midyear (January 1-June 30) ☒ OR Year End (July 1-Decer

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

<b>12. Lobbying Firms</b>  <b>INCOME</b> relating to lobbying activities for this reporting period was:  Less than \$10,000 <input type="checkbox"/>  \$10,000 or more <input checked="" type="checkbox"/> >> \$ <u>\$40,000.00</u> 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).	<b>13. Organizations</b>  <b>EXPENSES</b> relating to lobbying activities for this report period were:  Less than \$10,000 <input checked="" type="checkbox"/>  \$10,000 or more <input type="checkbox"/> >> \$ _____ Expenses (nearest \$20,000)  <b>14. REPORTING METHOD.</b> Check box to indicate ex accounting method. See instructions for description of op <input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition <input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) the Internal Revenue Code <input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code
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Signature \_\_\_\_\_ Date 8/2/2005

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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 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 BUD (one per page)

16. Specific Lobbying issues

**HR 3010, Departments of Labor Health and Human Services and Education FY06 Appropriations, secure fun regional healthcare facility**

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)
<b>Larson, Lance</b>	
<b>Stanford, Meredith</b>	
<b>White, Letitia</b>	

19. Interest of each foreign entity in the specific issues listed on line 16 above

☒ Check if None

Signature \_\_\_\_\_

Date 8/2/2005



Registrant Name: Copeland Lowery Jacquez Denton & White

Client Name: Hi-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 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  
**Shockey, Jeffrey**

**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	On

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

Signature

*L. White*

Date 8/2/2005

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Printed Name and Title **Letitia White - Partner**

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