

RECEIVED
SECRETARY OF THE SENATE

02 AUG 21 PM 3:39

1. Registrant Name Copeland, Lowery & Jacquez			
2. Registrant Address <input type="checkbox"/> Check if different than previously reported Address 1341 G Street, NW Suite 200 City Washington State/Zip (or Country) DC 20005			
3. Principal Place of Business (if different from line 2) City N/A State/Zip (or Country)			
4. Contact Name Telephone E-mail (optional) Yvette Willis 202-347-5990 ywillis@clj.com			5. Senate ID # 10800-431
7. Client Name <input type="checkbox"/> Self City of Hope Medical Center			6. House ID # 31822043

10. Check if this is a Termination Report ☐ >> Termination Date _____ 11. No Lobbyi _____

Signature _____ Date 8/5/2002

Registrant Name: Copeland, Lowery & JacquezClient Name: City of Hope 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

******, Departments of Labor Health and Human Services and Education FY2003 Appropriations, medical resea
related to genetics

*****, Department of Defense FY2003 Appropriations, advanced medical technology development

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

Department of Defense

Department of Health & Human Services

House of Representatives

Senate

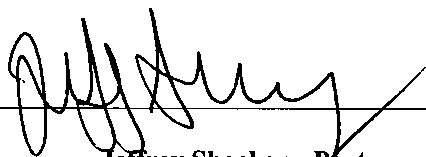
18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Denton, Jean	
Larson, Lance	
Shockey, Jeffrey	

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

☒ Check if None

Signature


Date 8/5/2002

