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LOBBYING REPORT

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

1. Registrant Name Manatt, Phelps & Phillips, L.L.P.			
2. Address Check if different than previously reported 700 12th Street, N.W., Suite 1100 Washington, D.C. 20005			
3. Principal Place of Business (if different from line 2) City: Same as Above State/Zip (or Country)			
4. Contact Name Deborah Bachrach	Telephone (202) 585-6500	E-mail (optional)	5. Senate ID # 23645-2132
7. Client Name Self Community Health Care Association of New York State			6. House ID # 30207143

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

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

<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more \$ _____ Income (nearest \$20,000)</p> <p>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).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this rep period were:</p> <p>Less than \$10,000</p> <p>\$10,000 or more \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description of</p> <p>Method A. Reporting amounts using LDA defin</p> <p>Method B. Reporting amounts under section 60: the Internal Revenue Code</p> <p>Method C. Reporting amounts under section 16 Internal Revenue Code</p>
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Signature _____

Printed Name and Title Deborah Bachman, Partner

Form LD-2 (Rev. 8/99)

PAGE

Grant Name Manatt, Phelps & Phillips, L.L.P. Client Name Community Health Care Association of New York

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

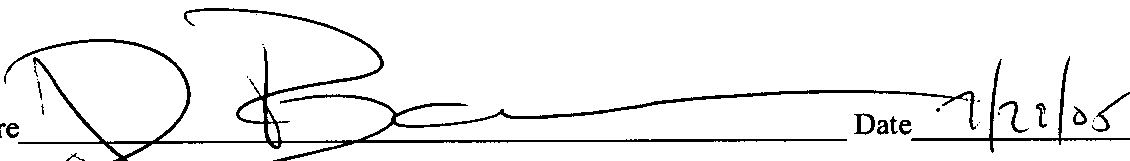
Approval of Medicaid State Plan Amendment

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)
Deborah Bachrach	
Helen Pfister	
Karen B. Lipson	

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

Signature  Date 7/22/05
 Printed Name and Title Deborah Bachrach, Partner

Registrant Name Manatt, Phelps & Phillips, L.L.P. Client Name Community Health Care Association of New York

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 MMM (one per page)

16. Specific lobbying issues

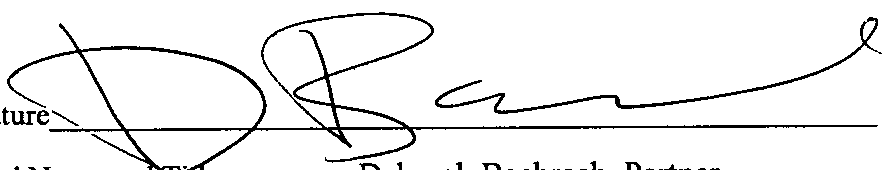
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Name	Covered Official Position (if applicable)
Deborah Bachrach	
Helen Pfister	
Karen B. Lipson	

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

Signature  Date 7/29/05
 Printed Name and Title Deborah Bachrach, Partner

✓