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

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## **LOBBYING REPORT**

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

1. Registrant Name		· <u>-                                     </u>	·			
Manatt, Ph	nelps & Pl	nillips, L.L.P.				
2. Address Check if di	fferent than prev	iously reported				
700 12th S	street, N.V	V., Suite 1100 V	Washington, D	D.C. 20005		
3. Principal Place of Busine	ss (if different fi	om line 2)			······································	
City: Same as A	bove	***************************************		e/Zip (or Country)		<u>.</u>
4. Contact Name	***************************************	Telephone		ail (optional)		5. Senate ID#
Deborah Bacl	nrach	(202) 585-65	500			23645-2
7. Client Name	Self					6. House ID #
	Commun	nity Health Care	Association of	of New York S	tate	3020714
TYPE OF RE	PORT	8. Year <u>2004</u>	Midyear (Janua	ry 1 - June 30)	OR Year	End (July 1 – Dec
9. Check if this fili	ng amends	a previously filed v	ersion of this rep	oort		
10. Check if this is	a Terminat	ion Report	ermination Date		_	11. No Lobbying
INCOME OR	EXPEN	SES - Complet	e Either Line	12 <b>OR</b> Line 13	3	
	12. Lobb	ying Firms			13. Oı	rganizations
INCOME relating to lobbying activities for this reporting period was:			<b>EXPENSES</b> relating to lobbying activities for this period were:			
Less than \$10,000				Less than \$10,00	00	
\$10,000 or more \$\frac{20,000}{\text{Income (nearest \$20,000)}}\$			\$10,000 or more		ises (nearest \$20,00	
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).			NG METHOD. Cod. See instruction	Check box to indi		
				Method A.	Reporting amou	unts using LDA d
				Method B.	Reporting amou	unts under section venue Code
		)		Method C.	Reporting amou	unts under section ue Code
Signature	) 4	JOHNO	W			

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Registrant Name Manatt, Phelps & Phillips, L.L.P. Client Name	neCommunity Health Care Association of Nev
LOBBYING ACTIVITY. Select as many codes as necessar engaged in lobbying on behalf of the client during the reporting information as requested. Attach additional page(s) as needed.	ng period. Using a separate page for each c
15. General issue area code HCR (one per page)	
16. Specific lobbying issues	
Approval of Medicaid State Plan Ame	ndment
17. House(s) of Congress and Federal agencies contacted	Check if None
U.S. House of Representatives U.S. Department of Health and Human Service	es – Centers for Medicare and Medicaid Servic
18. Name of each individual who acted as a lobbyist in this issu	ue 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 or	n line 16 above 🗵 Check if None
19. Interest of each foreign entity in the specific issues listed of Signature	n line 16 above 区 Check if None  Date 2/1/05

Form LD-2 (Rev. 8/99) PAG

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Registrant Name Manatt, Phelps & Phillips, L.L.P. Client I	NameCommunity Health Care Association of New
LOBBYING ACTIVITY. Select as many codes as necessengaged in lobbying on behalf of the client during the repoint of the client during	orting period. Using a separate page for each of
15. General issue area codeMMM (one per page 15. General issue area code (one per page 15. General issue area code (one per page 15. General issue area code	ge)
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U.S. House of Representatives U.S. Department of Health and Human Serv	vices – Centers for Medicare and Medicaid Servic
18. Name of each individual who acted as a lobbyist in this	issue area
Name	Covered Official Position (if applicable)
Deborah Bachrach	
Helen Pfister	W-140-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4
Karen B. Lipson	
19. Interest of each foreign entity in the specific issues lister	d on line 16 above
My ah ah	Date $\partial / (                                 $
Filing #12c40fea-dbe2-45ff-80bb-abb2dc	······································

Printed Name and Title	Deborah Bachrach, Partner	
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