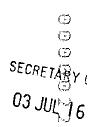
Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515

1. Registrant Name

Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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LOBBYING REPORT

Manatt, Phelps & Phillips, L.L.P.

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

2. Address	vicusly reported		
1501 M Street, N.W	., Suite 700 Washington, I	D.C. 20005	
3. Principal Place of Business (if different fi	om line 2)		
City: Same as Above		State/Zip (or Country)	1001 ·
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID #
John L. Ray	(202) 463-4300		23645-14
			6. House ID #
7. Client Name	TT 14 O C		30207108
Doctors Community	Healthcare Corporation		
TYPE OF REPORT	8. Year <u>2003</u> Midyear (Ja	nuary 1 - June 30) ⊠	OR Year End (July 1 – Dece
9. Check if this filing amends :	a previously filed version of this		
10. Check if this is a Terminat	ion Report Termination Ter	ate <u>6/30/03</u>	11. No Lobbying 1
INCOME OR EXPEN	ISES - Complete Either Li	ne 12 OR Line 13	
12. Lobl	ying Firms		13. Organizations
INCOME relating to lobbying period was:	activities for this reporting	EXPENSES relati	ng to lobbying activities for this r
Less than \$10,000 🗷		Less than \$10,000	
\$10,000 or more	come (nearest \$20,000)	\$10,000 or more	Expenses (nearest \$20,000
		METHOD. Check box to indicate. See instructions for description	
		☐ Method A.	Reporting arnounts using LDA de
			Reporting arnounts under section the Internal Revenue Code
	N.A.	☐ Method C.	Reporting arnounts under section Internal Revenue Code
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Signature	VIII THE	
Printed Name and Title_	John L. Ray, Partner	
Form LD-2 (Rev. 8/99)		PAC

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Registrant Name Manatt, Phelps & Phillips, L.L.P. C	Client Name <u>Doctors Community Healthcare C</u>
LOBBYING ACTIVITY. Select as many codes as nengaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) as necessary to the control of the client during the information as requested.	reporting period. Using a separate page for each co
15. General issue area code DOC (one	
16. Specific lobbying issues	
Promoting benefits of the DC Healthcare Allian	ce (subsidiary) Network
17. House(s) of Congress and Federal agencies contacte	d ⊠ Check if None
18. Name of each individual who acted as a lobbyist in	this issue area
Name	Covered Official Position (if applicable)
John L. Ray	
June L. DeHart	And the state of t
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19. Interest of each foreign entity in the specific issues	isted on line 16 above Check if None
M I Mu	
Signature Filing #1e9755df-b11b-42d4-a904-e	Date 7/15/03

	— V	/ '	
Printed Name and Title	John L. Ray, Partner		
Form LD-2 (Rev. 8/99)		P	age_

•	(D)
Registrant Name Manatt, Phelps & Phillips, L.L.P.	_ Client Name <u>Doctors Community Healthcare (</u>
LOBBYING ACTIVITY. Select as many codes a engaged in lobbying on behalf of the client during the information as requested. Attach additional page(s) a	s necessary to reflect the general issue areas in which he reporting period. Using a separate page for each
15. General issue area code HCR (or	ne per page) ω
16. Specific lobbying issues	~1
Promoting benefits of the DC Healthcare All	iance (subsidiary) Network
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Name	Covered Official Position (if applicable)
John L. Ray	
June L. DeHart	
AND	
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19. Interest of each foreign entity in the specific issues listed on line 16 above

Check if None

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Printed Name and Title	John L. Ray, Partner	
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