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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration 1/30/ Check if this is an Amended Registration House Identification Number_ Senate Identification Number REGISTRANT 3. Registrant Name Manatt, Phelps & Phillips Address 1501 M Street, NW, Suite 700 Washington, D.C. Zip 20005 City State 4. Principal place of business (if different from line 3) City same as above State/Zip (or Country) 5. Telephone number and contact name E-mail (optional) (202) 463-4300 Contact Rudolfo R. Fuentes Law firm 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration statement for each client. Organizations employing in-house lobb. National Association of Minority Automobile Dealers 7. Client Name 8401 Corporate Drive - Suite 405 Address Lanham City State MD 8. Principal place of business (if different from line 7) City State/Zip (or Country) 9. General description of client's business or activities Automobile Dealer Trade Association that seeks t ensure the presence of a meaningful, representative number of minority entrepreneurs and employ LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If ar in this section has served as a "covered executive branch official" or "covered legislative branch official" within first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person serve Name Covered Official Position (if applicab Thomas A. Duckenfield Rodolfo R. Fuentes

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Form LD-1 (Rev. 06/98)

Registrant Name	Manatt, Phelps & Phillips	Client Name National Associa	ation of Minority Automobi	
		e codes listed in instructions and c	on the reverse side of Form	
AUT	ssues (current and anticipated)	<u> </u>		
	Lobby on automotive	and diversity matters		
13. Is there an entity of		S ites more than \$10,000 to the lobb lans, supervises or controls the re		
No ⇒ Go to	o line 14.	Yes • Complete the rest of this section for each entit the criteria above, then proceed to line 14.		
Name		Address	Principal Place of B (city and state or co	
b) directly o activities	entity that: east 20% equitable ownership ir indirectly, in whole or in major of the client or any organizatio iate of the client or any organization	in the client or any organization ic or part, plans, supervises, controls on identified on line 13; or zation identified on line 13 and ha	s, directs, finances or subsid	
No ⇒ Sign and date the registration		matching th	Yes Up Complete the rest of this section for each matching the criteria above, then sign as registration.	
Name	Address	Principal place of business (city and state or countr	Amount of contribution for	
Signature 6	ell Jacobs	Date_	2/3/03	
) ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	ing #3c1d06af-6701-4dd6-9f00-	Cd3c422d88ec - Page 3 of 4		