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 RECEIVED.
SECRETARY OF THE ENAM

02 JUL 17 PM 3:00

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration 7/1/02 Check if this is an Amended Registration 2. House Identification Number Senate Identification Number REGISTRANT 3. Registrant Name Manatt Phelps & Phillips 1501 M Street, NW, Suite 700 Address Zip 20005 Washington, D.C. State City 4. Principal place of business (if different from line 3) State/Zip (or Country) same as above 5. Telephone number and contact name Contact James R. Jones E-mail (optional) ( 202 ) 463-4300 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-how we lobb check the box labeled "Self" and pro eed to line 10. 7. Client Name Bajagua Address P.O. Box 812 Zip 92017 Rancho Santa Fe City State CA 8. Principal place of business (if different from line 7) City State/Zip (or Country) Develops water reclamation and environmental pro-9. General description of client's business or activities 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 as listed in this section has served as a "covered executive branch official" or "covered legislative branch official" years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the per Covered Official Position (if applicable Name James R. Jones Eric P. Farnsworth

Registrant Name Manatt Phelps & Phillips		Client Name	Bajagua		
LOBBYING ISSUE		e codes listed in in	structions and on th	ne reverse side of Form	n i
CAW FOR	_	<u> </u>			
12. Specific lobbying issues (	current and anticipated)				_
Building was	ter treatment facility in l	Mexico			
AFFILIATED ORG	GANIZATION	S		,	
13. Is there an entity other tha semiannual period and in					
No ⇒ Go to line 14.		Yes \$\Psi\$ Complete the rest of this section for each entite the criteria above, then proceed to line 14.			
Name		Address		Principal Place of (city and state or	
b) directly or indirectly or indirectly or indirectly of the	that: % equitable ownership ectly, in whole or in may client or any organization the client or any organi	jor part, plans, supon identified on lin	ervises, controls, di e 13; <b>or</b>	rects, finances or subs	
No ⇒ Sign and date the registration		Yes & Complete the rest of this section for eac matching the criteria above, then sign a registration.			
Name	Address	•	cipal place of business I state or country)	Amount of contribution for lobbying activities	]
Signature	Sm		Date	215-02	<u>_</u>
Printed Name and Title	James R. Jone 8a079b-449d-4cf7-9a06-	s, Senior Couns	sel_ age 3 of 4		

Form LD-1 (Rev. 06/98)