

LOBBYING REPORT

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

1. Registrant Name:

MANATT PHELPS & PHILLIPS

2. Address:

700 12TH ST NW #1100, WASHINGTON, DC 20005

3. Principal place of business (if different from line 2):

4. Contact Name: STEVEN M. POLAN

Telephone: 2025856500

E-mail (optional): spolan@manatt.com

Senate ID #: 23645-2132

House ID #: 30207143

7. Client Name: ☐ Self

COMMUNITY HEALTH CARE ASSN OF NEW YORK STATE

TYPE OF REPORT

8. Year 2006 Midyear (January 1 - June 30): ☐ **OR** Year End (July 1 - December 31): ☒

9. Check if this filing amends a previously filed version of this report: ☐

10. Check if this is a Termination Report: ☒ => Termination Date: Dec 31, 2006 11. No Lobbying Activity: ☒

INCOME OR EXPENSES

Complete Either Line 12 **OR** Line 13

12. Lobbying Firms

INCOME relating to lobbying activities for this reporting period was:

Less than \$10,000: ☒

\$10,000 or more: ☐ => Income (nearest \$20,000): _____

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).

13. Organizations

EXPENSES relating to lobbying activities for this reporting period were:

Less than \$10,000: ☐

\$10,000 or more: ☐ => Expenses (nearest \$20,000): _____

14. Reporting Method.

Check box to indicate expense accounting method. See instructions for description of options.

- ☐ **Method A.** Reporting amounts using LDA definitions only
☐ **Method B.** Reporting amounts under section 6033(b)(8) of the Internal Revenue Code
☐ **Method C.** Reporting amounts under section 162(e) of the Internal Revenue Code

Registrant Name: MANATT PHELPS & PHILLIPS Client Name: COMMUNITY HEALTH CARE ASSN OF
NEW YORK STATE

Signature: ON FILE Date: Feb 06, 2007

Printed Name and Title: STEVEN M. POLAN, PARTNER -