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

SECRETARY

03 FEB 2

LOBBYING REGISTRATION

			1. Effe	Effective Date of Registration		
Check if this is an Amended Registration 2. House Identification Number				•		
			Senate Identification Number			
R	EGISTRAN	\mathbf{T}				
3.	Registrant Name	Manatt, Phelps & Phillips				
	Address	1501 M Street, N.W Suite 700		Hallower programmer and the		
	City	Washington	State	D.C.	Zip 20005	
4.	Principal place of	business (if different from line 3)				
	City		State/Z	Zip (or Count	ry)	
5.	Telephone numbe 518-432-5990	er and contact name Contact John	n Faso		E-mail (optional)	
6.	General description	on of registrant's business or activities	Law	firm	payan ayanan (mini tirat)	
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C	·-	y ing firm is required to file a separate registration s the box labeled "Self" and proceed to line 10.	tatement for Self	r each client. O	rganizations employing in-ho	use lobb
7.	check th		Self	r each client. O		use lobb
	check the	ne box labeled "Self" and proceed to line 10.	Self	r each client. O	rganizations employing in-ho	use lobb
	check the Client Name Me Address 347	the box labeled "Self" and proceed to line 10. etropolitan Transportation Authorit	Self	r each client. O		use lobb
	check the Client Name Modern Address 347 City New	the box labeled "Self" and proceed to line 10. etropolitan Transportation Authorit Madison Avenue	y State	NY	Zip 10017	use lobb
7.	check the Client Name Modern Address 347 City New	the box labeled "Self" and proceed to line 10. etropolitan Transportation Authorit Madison Avenue W York	State State/Z	NY Cip (or Count	Zip 10017	use lobb
7.	Client Name Me Address 347 City New Principal place of City	the box labeled "Self" and proceed to line 10. etropolitan Transportation Authorit Madison Avenue W York	State State/Z	NY Cip (or Count	Zip 10017	use lobb
7.8.9.	check the Client Name Med Address 347 City New Principal place of City General description	the box labeled "Self" and proceed to line 10. The tropolitan Transportation Authority Madison Avenue W York The box labeled "Self" and proceed to line 10. The box labele	State State/Z	NY Cip (or Count	Zip 10017	use lobb
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7. 8. 9.	Client Name Med Address 347 City New Principal place of City General descripti OBBYISTS Name of each inclisted in this section	etropolitan Transportation Authorit Madison Avenue W York Thusiness (if different from line 7) on of client's business or activities dividual who has acted or is expected to act to has served as a "covered executive braing as a lobbyist for the client, state the executive and the state of the client, state the executive and the state of the client, state the executive and the state of the client, state the executive brains.	State State/Z Publice et as a lob nch office	NY Cip (or Count or transport or the lial" or "cover or legislate.	Zip 10017 Try) ation agency client identified on line red legislative branch of ive position(s) in which	7. If a ficial" the per

Form LD-1 (Rev. 06/98)

Registrant Name _Manatt, Phelps	s & Phillips	Client Name	Metropoilitan Tra	ansportation Authority	
LOBBYING ISSUES 11. General lobbying issue areas.		codes listed in ins	tructions and on th	e reverse side of Form L	
_TRA			<u> </u>		
12. Specific lobbying issues (curr	rent and anticipated)				
Reauthorization of feder	ral transportation	legislation			
AFFILIATED ORGA 13. Is there an entity other than the semiannual period and in wh	ne client that contribu	tes more than \$10,	000 to the lobbying controls the registr	g activities of the registra rant's lobbying activities'	
No ⇒ Go to line 14.				of this section for each entity, then proceed to line 14.	
Name	Name Addres			Principal Place of Bu (city and state or cou	
FOREIGN ENTITIE 14. Is there any foreign entity that					
activities of the cli	ly, in whole or in maj ent or any organization	or part, plans, supe on identified on line	ervises, controls, di e 13; or	ified on line 13; or rects, finances or subsidi	
No ⇒ Sign and date the registration		☐ Yes	Yes & Complete the rest of this section for each matching the criteria above, then sign an registration.		
Name	Address		cipal place of business state or country)	Amount of contribution for p lobbying activities in	
G:	Pfeb0-64cb-41ce-aeba	-3f6c4993da4f - Pag	Date 2 ge 3 of 4	2.27-03	

Signature		Dunc
Printed Name and Title	John J. Faso, Partner	
Form LD-1 (Rev. 06/98)		