



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 OF T.  
02 JUN 20 PM

## LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 5/2

2. House Identification Number \_\_\_\_\_

Senate Identification Number \_\_\_\_\_

### REGISTRANT

3. Registrant Name Manatt, Phelps & Phillips

Address 1501 M Street, NW, Suite 700

City Washington, D.C.

State \_\_\_\_\_

Zip 20005

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

City same as above

State/Zip (or Country) \_\_\_\_\_

5. Telephone number and contact name

( 202 ) 463-4300

Contact \_\_\_\_\_

E-mail (optional) \_\_\_\_\_

6. General description of registrant's business or activities

Law firm

**CLIENT** *A Lobbying firm is required to file a separate registration statement for each client. Organizations employing in-house lo*  
*check the box labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client Name Doctors Community Healthcare Corporation

Address 6730 North Scottsdale Road – Suite 200

City Scottsdale

State AZ

Zip 85253

8. Principal place of business (if different from line 7)

City \_\_\_\_\_

State/Zip (or Country) \_\_\_\_\_

9. General description of client's business or activities

Healthcare

### 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 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 pe*

Name	Covered Official Position (if applical
<u>John L. Ray</u>	
<u>June L. DeHart</u>	



Registrant Name Manatt, Phelps & Phillips Client Name Doctors community Healthcare Corpor

## LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form

DOC HCR \_\_\_\_\_

12. Specific lobbying issues (current and anticipated)

Promoting benefits of the DC Healthcare Alliance (subsidiary) Network

## AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant during the semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No ⇒ Go to line 14.

☐ Yes ↓ Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

## FOREIGN ENTITIES

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
- b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes the lobbying activities of the client or any organization identified on line 13; **or**
- c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No ⇒ Sign and date the registration..

☐ Yes ↓ Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature \_\_\_\_\_

Date \_\_\_\_\_

6/13/02

Printed Name and Title John L. Ray, Partner

✓