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



LOBBYING REPORT

| 1. Registrant Name | | k _{ij} i |
|--|---|-----------------------------|
| Manatt, Phelps & Phillips, L.L.P. | | |
| 2. Address Check if different than previously reported | | |
| 1501 M Street, N.W., Suite 700 Washington, D.C | C. 20005 | |
| 3. Principal Place of Business (if different from line 2) | | |
| | /Zip (or Country) | |
| · | sil (optional) | 5. Senate ID# |
| Deborah Bachrach (202) 463-4300 | | 23645-20 |
| Client Name | ter | 6. House ID# |
| TYPE OF REPORT 8. Year 2004 Midyear (Janua | ry 1 - June 30) 🛛 OR Year E | and (July 1 – Dec |
| 9. Check if this filing amends a previously filed version of this rep | ort 🗆 | |
| 10. Check if this is a Termination Report Termination Date | 1 | 1. No Lobbying |
| INCOME OR EXPENSES - Complete Either Line | 12 OR Line 13 | |
| 12. Lobbying Firms 13. Orga | | ganizations |
| INCOME relating to lobbying activities for this reporting period was: | EXPENSES relating to lobbying a period were: | ctivities for this |
| Less than \$10,000 🛮 | Less than \$10,000 🗆 | |
| \$10,000 or more | \$10,000 or more | es (nearest \$20,00 |
| 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). | 14. REPORTING METHOD. C. accounting method. See instruction | |
| | Method A. Reporting amounts using LDA d | |
| | Method B. Reporting amouth the Internal Revo | |
| | Method C. Reporting amou Internal Revenue | nts under sectior e Code |
| Signature Source Tuchro | d | |
| Printed Name and Title Deborah Bachrach, I Filing #8660c9df-6c98-4575-ba37-bd3647a | | |

Form LD-2 (Rev. 8/99)

| Registrant Name Manatt, Phelps & Phillips, L.L.P. | 00000690912 | Refuah Health Center |
|--|--|---------------------------------------|
| LOBBYING ACTIVITY. Select as many codes a engaged in lobbying on behalf of the client during information as requested. Attach additional page(s) | s necessary to reflect he reporting period. | Using a separate page for each |
| 15. General issue area code <u>BUD</u> (| one per page) | # # # |
| 16. Specific lobbying issues | | ዮት ተት ርጀነ |
| Request for funding for Electronic Medical 1 | Records for Communi | ty Health Center |
| 17. House(s) of Congress and Federal agencies conta | acted Check | if None |
| U.S. House U.S. Senate | of Representatives | |
| 18. Name of each individual who acted as a lobbyist | in this issue area | |
| Name | Cove | red Official Position (if applicable) |
| Deborah Bachrach | | |
| Shelley B. Mayer | | |
| Peter Arapis | | |
| | | |
| | | |
| | | |
| | | |
| 19. Interest of each foreign entity in the specific issu | es listed on line 16 ab | ove 🖫 Check if None |
| Signature Signature | | Date_7[15]04 |
| Printed Name and Title Deborah Bachrach, Partner | | |

Form LD-2 (Rev. 8/99) PAC

00000690913

| Registrant Name Manatt, Phelps & Phillips, L.L.P. Clien | nt Name Refuah Health Center | |
|--|---|--|
| LOBBYING ACTIVITY. Select as many codes as nece engaged in lobbying on behalf of the client during the rep information as requested. Attach additional page(s) as need | essary to reflect the general issue areas in which orting period. Using a separate page for each of | |
| 15. General issue area code HCR (one per pa | age) uji Çi | |
| 16. Specific lobbying issues | Lift Begin Land | |
| Request for funding for Electronic Medical Record | s for Community Health Center | |
| 17. House(s) of Congress and Federal agencies contacted | ☐ Check if None | |
| U.S. House of Rep U.S. Senate | presentatives | |
| 18. Name of each individual who acted as a lobbyist in this issue area | | |
| Name | Covered Official Position (if applicable) | |
| Deborah Bachrach | | |
| Shelley B. Mayer | | |
| Peter Arapis | | |
| | | |
| | | |
| | | |
| | ed on line 16 above 🛮 Check if None | |
| Signature Printed Name and Title Deborah Bachrach, F | Date | |

Filing #8660c9df-6c98-4575-ba37-bd3647a1c8fd - Page 5 of 6

Form LD-2 (Rev. 8/99) PAG