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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 THE

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# LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 01/03/2006

2. House Identification Number 30207

Senate Identification Number 23645

## REGISTRANT

3. Registrant name Manatt Phelps & Phillips

Address 700 12th Street, NW -- Suite 1100

City Washington

State DC

Zip 20005

US

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

City

State

Zip

5. Telephone number and contact name

202-585-8500

Contact Ms.

Andrea G. Cohen

E-mail acohen@manatt.com

6. General description of registrant's business or activities

Law firm

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

7. Client name Medicare Rights Center

Address 1460 Broadway -- 17th Floor

City New York

State NY

Zip 10036

US

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

City

State

Zip

9. General description of client's business or activities

Education and Advocacy Organization

## 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 any person in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of filing this registration as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name

Covered Official Position (if applicable)

Andrea G. Cohen



Registrant Name Manatt Phelps & PhillipsClient Name Medicare Rights Center**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, pa

HCRMMM

12. Specific lobbying issues (current and anticipated)

Medicare Part D implementation as it relates to beneficiaries with Medicare and Medicaid

**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a 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 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 ac 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 o lobbying activity?



No ⇒ Sign and date the registration.



Yes ⇒ Complete the rest of this section for each entit matching the criteria above, then sign and date registration.

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

Signature Andrea G Cohen

Digitally signed by Andrea G Cohen  
 DN: CN = Andrea G Cohen, C = US, O = DST Access  
 Unaffiliated Individual  
 Date: 2006.07.27 12:46:05 -0500

Senate Password Date 1/27/2006Printed Name and Title Andrea G. Cohen, Counsel



Registrant Name Manatt Phelps & PhillipsClient Name Medicare Rights Center**ADDITIONAL LOBBYISTS***Return to page 2 to finish*

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name	Covered Official Position (if applicable)

**ADDITIONAL LOBBYING ISSUES***Return to page 2 to finish*

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

**AFFILIATED ORGANIZATIONS***Return to page 2 to finish*

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, number 13.

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

**ADDITIONAL FOREIGN ENTITIES***Return to page 2 to finish*

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

Signature \_\_\_\_\_

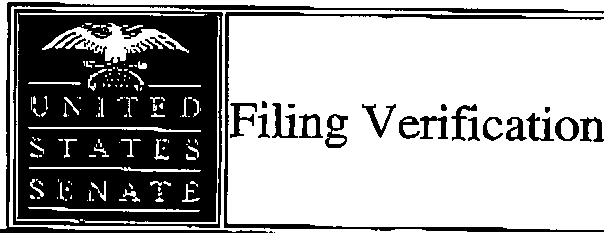
*Add an additional supplementary information*Date 1/27/2006Printed Name and Title Andrea G. Cohen, Counsel

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Form LD-2 Filing Verification

Page



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