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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

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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 <u>December 7, 2</u>
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 Robb	Watters 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 so check the box labeled "Self" and proceed to line 10. 7. Client Name National Rural Electric Cooperative Associate Address 4301 Wilson Boulevard	⅃ Self
City Arlington	State VA Zip 22203-1860
Principal place of business (if different from line 7) City	State/Zip (or Country)
9. General description of client's business or activities The N cooperative electric utilities and the consumers they serve	ational Rural Electric Cooperative represents the inte
LOBBYISTS 10. Name of each individual who has acted or is expected to aclisted in this section has served as a "covered executive brayears of first acting as a lobbyist for the client, state the exe	nch official" or "covered legislative branch official" v
Stephen M. Ryan	
Robb Watters	
Luke Rose	
Form LD-1 (Rev. 06/98)	

Registrant Name	Manatt, Phelps	<u>& Phillips</u>	Client Name	National Rural	Electric Cooperative A	\ss
LOBBYING ISS	SUES					
11. General lobbying issu	ue areas. Select a	ıll applicable	codes listed in in	structions and on 1	he reverse side of For	m I
<u>COM</u> <u>CSP</u>	<u>_GOV</u>	_TEC	<u>LBR</u>		<u> </u>	
12. Specific lobbying iss Issues pertaining to b			ccess, and tele	ecommunication	ns competition	
AFFILIATED (DRGANIZ	ATIONS				
13. Is there an entity other semiannual period ar					ng activities of the regi trant's lobbying activit	
No ⇒ Go to	line 14.				this section for each en proceed to line 14.	ıtit
Name			Address		Principal Place of (city and state or	
					1	
b) directly or activities o	ntity that: ast 20% equitable indirectly, in who f the client or any te of the client o	ole or in majo / organizatior	r part, plans, sup identified on lin	ervises, controls, d e 13; or	tified on line 13; or lirects, finances or sub- direct interest in the o	
No ⇒ Sign and date the registration		☐ Yes		est of this section for eriteria above, then sign		
Name		Address		cipal place of business I state or country)	Amount of contribution for lobbying activities	p
			,			
Signature	ノひりゃし	rot	大	Date		

Printed Name and Title	Robb Watters, Senior Advisor	

Form LD-1 (Rev. 06/98)