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

010CT 12

1. Effective Date of Registration October 9, 200

## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration

2.	House Identification Number	Senate Identification	Senate Identification Number	
R	EGISTRANT			
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)		ıntry)		
5.	Telephone number and contact name ( 202 ) 463-4300 Contact	Susan M. Schmidt	E-mail (optional)	
6.	General description of registrant's business or activit	ies Law firm		
7.	LIENT A Lobbying firm is required to file a separate regis.  check the box labeled "Self" and proceed to line 10.  Client Name Dole Food Company  Address One Dole Drive	l b	Organizations employing in-house lobby	
	City Westlake	State CA	Zip 91362	
8.	Principal place of business (if different from line 7) City	State/Zip (or Cou		
9.	General description of client's business or activities	International p	roduce and flower company	
	OBBYISTS  Name of each individual who has acted or is expecte listed in this section has served as a "covered executi years of first acting as a lobbyist for the client, state is Name	ve branch official" or "cov the executive and/or legisl	ered legislative branch official" v	
Su	san M. Schmidt			
	onald S. Stein			
Ste	even J. Mulder			
For	m I D.1 (Rev 06/98)	115020000-1- 011		

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Registrant Name	Manatt, Phelps & Phillips	Client Name Dole Food (	Company
LOBBYING ISS	UES		
11. General lobbying issue	e areas. Select all applicabl	e codes listed in instructions and	on the reverse side of Form L
AGR GOV	_TDR		
12. Specific lobbying issu	es (current and anticipated)	<del></del>	
I	mport operations; forei	gn business issues	
AFFILIATED O	RGANIZATION	S	
		utes more than \$10,000 to the lob plans, supervises or controls the re	
⊠ No ⇒ Go to li	ine 14.	Yes & Complete the rest the criteria above,	of this section for each entity then proceed to line 14.
Name		Address	Principal Place of Bu (city and state or cou
			,
<b>FOREIGN ENT</b> 14. Is there any foreign en			
	•		
b) directly or it	ndirectly, in whole or in ma	in the client or any organization in ijor part, plans, supervises, contro	
	e of the client or any organi	on identified on line 13; <b>or</b> ization identified on line 13 and h	as a direct interest in the outc
⊠ No ⇒ Sign an	nd date the registration	<del>-</del>	he rest of this section for each he criteria above, then sign ar
Name	Address	Principal place of business (city and state or count	Amount of contribution for polymery) lobbying activities in
g: , , , , , , , , , , , , , , , , , , ,	Solar d L		
Signature Qual	<u>CLUMMANA</u>	Date	

Printed Name and Title	Susan M. Schmidt.	t, Partner
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Form LD-1 (Rev. 06/98)