

04 FEB -2 PM 2:

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

TYPE OF REPORT 8. Year 2003 Midyear (January 1 – June 30) ☐ **OR** Year End (July 1 – Dec

11. No Lobbying .

☐ **Method A.** Reporting amounts using LDA d

☐ **Method B.** Reporting amounts under section the Internal Revenue Code

☐ **Method C.** Reporting amounts under section Internal Revenue Code

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Registrant Name Manatt, Phelps & Phillips Client Name Center for Community Health and Education (

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each** information as requested. Attach additional page(s) as needed.

15. General issue area code HCR (one per page)

16. Specific lobbying issues

Federal funding for school-based health centers

17. House(s) of Congress and Federal agencies contacted

☐ Check if None

U.S. Senate

U.S. House of Representatives

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Deborah Bachrach	
David S. Ivill	
Luke Rose	
Peter P. Arapis	

19. Interest of each foreign entity in the specific issues listed on line 16 above ☒ Check if None

Signature

Deborah Bachrach

Date

Printed Name and Title

Deborah Bachrach, Partner

Form LD-2 (Rev. 8/99)

PAGE

Registrant Name Manatt, Phelps & Phillips Client Name Center for Community Health and Education

Information Update Page - Complete ONLY where registration information has changed

20. Client new address

21. Client new principal place of business (if different from line 20)

City

State/Zip (or Country)

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

Luke Rose

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bu (city and state or cou)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

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

28. Name of each previously reported foreign entity that **no longer** owns, or controls, or is affiliated with the regi
affiliated organization

Signature Deborah Bachrach Date _____

Printed Name and Title Deborah Bachrach, Partner

