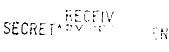


Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510



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## **LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4) 1. Effective Date of Registration May 8, 200 Check if this is an Amended Registration 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) same as above City State/Zip (or Country) 5. Telephone number and contact name (202)463-4300 Contact Robb Watters E-mail (optional) Law firm 6. General description of registrant's business or activities CLIENT A Lobbying firm is required to file a separate registration statement for ach client. Organizations employing in-house check the box labeled "Self" and proceed to line 10. 7. Client Name County of Dare, North Carolina **Address** P.O. Box 1000 City Manteo NC State Zip 27954 8. Principal place of business (if different from line 7) State/Zip (or Country) Municipality 9. General description of client's business or activities LOBBYISTS 10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. listed in this section has served as a "covered executive branch official" or "covered legislative branch official" years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the Name Covered Official Position (if applic Robb Watters Luke Rose Gary Sisco Former Secretary of Senate (House onl

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Registrant Name <u>Ma</u>	natt, Phelps & Phillips	Client Name	County of Dare,	North Carolina	
LOBBYING ISSU: 11. General lobbying issue ar	·	le codes listed in ins	structions and on th	ne reverse side of Fo	
DIS NAT	RES TRA	URB			
12. Specific lobbying issues (					
Issues pertain	ing to coastal prote	ction, transportat	ion and natural	resources preserv	
AFFILIATED OR	GANIZATION	NS			
13. Is there an entity other the semiannual period and in	an the client that contrib	outes more than \$10,	,000 to the lobbyin controls the regist	g activities of the re rant's lobbying activ	
No → Go to line 14.		Yes 4 Complete the rest of this section for each of the criteria above, then proceed to line 14.			
Name		Address		Principal Place (city and state (	
activities of the	client or any organizat f the client or any organ	ion identified on line	e 13; <b>or</b>		
No → Sign and date the registration		☐ Yes	Yes 4 Complete the rest of this section for matching the criteria above, then significantly registration.		
Name	Address		cipal place of business I state or country)	Amount of contribution for lobbying activities	
	≥ Wuk	1 <del>*                                     </del>	- · ·		
Signature Printed Name and Title		, Senior Advisor	Date		

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