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 THE SENATE

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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 5/21/04		
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 Debo	rah Bachrach 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 stacheck the box labeled "Self" and proceed to line 10. 7. Client Name New Alternatives for Children, Inc. Address 37 West 26 th Street	☐ Self		
City New York	State New York Zip 10010		
8. Principal place of business (if different from line 7) City	State/Zip (or Country)		
9. General description of client's business or activities	Community Health Center		
LOBBYISTS 10. Name of each individual who has acted or is expected to act listed in this section has served as a "covered executive bran years of first acting as a lobbyist for the client, state the executive branch of the client in the executive branch of the	ich official" or "covered legislative branch official" v		
Name	Covered Official Position (if applicable		
Deborah Bachrach			
Shelley B. Mayer			

Form LD-1 (Rev. 06/98)	

Registrant Name Manatt, Pho	elps & Phillips C	Client Name <u>New Alternativ</u>	es for Children, Inc.	
LOBBYING ISSUE 11. General lobbying issue area		des listed in instructions and on	the reverse side of Form l	
BUD HCR				
12. Specific lobbying issues (co	urrent and anticipated)	-		
Request for funding fo	r Electronic Medical R	Records for Community He	alth Center.	
AFFILIATED ORC	ANIZATIONS		-	
13. Is there an entity other than	the client that contributes	more than \$10,000 to the lobbyi s, supervises or controls the regis	ng activities of the registratrant's lobbying activities	
No ⇒ Go to line 1	4.	Yes \$\Pi\$ Complete the rest of the criteria above, the	of this section for each entit then proceed to line 14.	
Name		Address	Principal Place of B (city and state or co	
FOREIGN ENTITI				
b) directly or indirectly or indirectly activities of the control is an affiliate of lobbying activity	% equitable ownership in the ctly, in whole or in major pelient or any organization is the client or any organization?	on identified on line 13 and has a	directs, finances or subside a direct interest in the out	
No ⇒ Sign and da	te the registration	Yes 4 Complete the matching the registration.	rest of this section for eac	
Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	

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Signature JUW	· · · · · · · · · · · · · · · · · · ·	_ Date_	5/27/04	
Printed Name and Title	Deborah Bachrach, Partner			

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