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LOBBYING REPORT

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

1. Registrant Name Manatt, Phelps & Phillips, L.L.P.			
2. Address: <input type="checkbox"/> Check if different than previously reported 1501 M Street, N.W., Suite 700 Washington, D.C. 20005			
3. Principal Place of Business (if different from line 2) City: Same as Above State/Zip (or Country)			
4. Contact Name John L. Ray	Telephone (202) 463-4300	E-mail (optional)	5. Senate ID #
7. Client Name <input type="checkbox"/> Self Doctors Community Healthcare Corporation	6. House ID #		

TYPE OF REPORT 8. Year 2002 Midyear (January 1 - June 30) ☒ **OR** Year End (July 1 - December 31) ☐

9. Check if this filing amends a previously filed version of this report ☐

10. Check if this is a Termination Report ☐ Termination Date _____ 11. No Lobbying ☐

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

12. Lobbying Firms	13. Organizations
INCOME relating to lobbying activities for this reporting period was: Less than \$10,000 <input checked="" type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ <div style="text-align: right;">Income (nearest \$20,000)</div>	EXPENSES relating to lobbying activities for this period were: Less than \$10,000 <input type="checkbox"/> \$10,000 or more <input type="checkbox"/> \$ _____ <div style="text-align: right;">Expenses (nearest \$20,000)</div>
Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).	14. REPORTING METHOD. Check box to indicate accounting method. See instructions for description: <input type="checkbox"/> Method A. Reporting amounts using LDA d <input type="checkbox"/> Method B. Reporting amounts under section the Internal Revenue Code <input type="checkbox"/> Method C. Reporting amounts under section Internal Revenue Code

Signature _____

Printed Name and Title **John L. Ray, Partner**

Registrant Name Manatt, Phelps & Phillips, L.L.P. Client Name Doctors Community Healthcare

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 DOC (one per page)

16. Specific lobbying issues

Promoting benefits of the DC Healthcare Alliance (subsidiary) Network

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

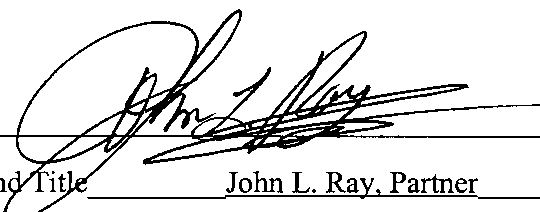
White House
US House of Representatives

US Senate
U.S. Department of Health and Human Services

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

Name	Covered Official Position (if applicable)
John L. Ray	
June L. DeHart	

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

Signature  Date 7/15/02

Printed Name and Title John L. Ray, Partner

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

Promoting benefits of the DC Healthcare Alliance (subsidiary) Network

17. House(s) of Congress and Federal agencies contacted ☐ Check if None

US Senate
U.S. Department of Health and Human Services

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

[illegible]

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

Signature [Signature] Date 11/15/02

Printed Name and Title John L. Ray, Partner

