Clock 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 Smilding 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 2/1/01			
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)			
Telephone number and contact name (202) 463-4300 Contact	t Nancy Saucier E-mail (optional)			
6. General description of registrant's business or activ	ities Law firm			
CLIENT A Lobbying firm to required to file a separate reg	istration statement for each client. Organizations employing in-haum labbyists should			
check the hox labeled "Self" and proceed to line I	•			
7. Client Name National Venture Capital Associatio	拉			
Address 1655 Ft. Myer Drive - Suite 850	<u>i</u>			
City Arlington	State VA Zip 22209			
8. Principal place of business (if different from line 7,				
City same	: State/Zip (or Country)			
General description of client's business or activities	Trade Association			
listed in this section has served as a "covered execu-	ted to act as a lobbyist for the client identified on line 7. If any person tive branch official" or "covered legislative branch official" within two e the executive and/or legislative position(s) in which the person served.			
Name	Covered Official Position (if applicable)			
Nancy L.G. Saucier	Advisor			
	<u> </u>			
	<u> </u>			
	i			
	1			
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Registrant Name Ma	natt, Phelps & Phillips	Client Name National Venture Capital Association				
LOBBYING ISSU		codes listed in in	structions and on t	he reverse side of For	m LD-1, page	
FIN		:				
12. Specific lobbying issues (Capital g Financia	•	oard				
AFFILIATED OR		1	ACC so the following	a policition of the most	ideant in a	
semiannual period and in						
B No → Go to line 14.			Yes 8 Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.			
Name		Address		Principal Place of Business (city and state or country)		
b) directly or indi- activities of the c) is an affiliate of lobbying activi	that:)% equitable ownership incity, in whole or in majurition or any organization the client or any organization; (the client or any organization)	or part, plans, sup B identified on his ation identified o	cryises, controls, d ne 13; or n line 13 and has a	irects, finances or sub-	utcome of the	
No Sign and date the registration. Sign and date the registration. No Sign and date the registration. Sign and date the registration. No Sign and d		Yes 8 Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.				
Name	Address		ncipal place of business d state or country)	Amount of contribution for lobbying activities	Ownership percentage in client	
Signature	Maky Ann Gille	lolo	Date	3/97/01	······································	
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