

# 2010 P6 Client Periodic Report/Lobbyist Annual Report

Lobbyist Name: LOCAL INITIATIVES SUPPORT CORPORATION

Client Name: LOCAL INITIATIVES SUPPORT CORPORATION

## Lobbyist Information

|                           |  |
|---------------------------|--|
| Principal Officer Name    | Levine, Michael                                      |
| Principal Officer Title   | Executive Vice President/General Counsel             |
| Principal Officer Email   | BLOCKED_EMAIL  |
| Principal Officer Phone   | (212) 455-9867                                       |
| Lobbyist Business Name    | LOCAL INITIATIVES SUPPORT CORPORATION                |
| Lobbyist Business Address | 501 SEVENTH AVENUE, 7TH FLOOR, NEW YORK, NY<br>10018 |
| Lobbyist Business Phone   | (212) 455-9800                                       |

## Client Information

|                  |  |
|------------------|--|
| Client Name      | LOCAL INITIATIVES SUPPORT CORPORATION                |
| Business Address | 501 SEVENTH AVENUE, 7TH FLOOR, NEW YORK, NY<br>10018 |
| Client P.O. Name | Levine, Michael                                      |
| Business Phone   | (212) 455-9800                                       |
| Business Email   | BLOCKED_EMAIL  |

## Summary of Compensation

|  |        |
|--|--------|
| Total Compensation Paid or Owed for Current Period | \$0.00 |
|--|--------|

## Lobbying Expenses

|   |        |
|---|--------|
| Aggregate of all expenses for salaries of support staff | \$0.00 |
| Total of Aggregate Expenses \$75.00 or less             | \$0.00 |
| Are there expenses greater than \$75.00?                | No     |

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|                               |               |
|-------------------------------|---------------|
| <b>Itemized Expense Total</b> | <b>\$0.00</b> |
|-------------------------------|---------------|

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|  |               |
|--|---------------|
| <b>Total Expenses for Current Period</b> | <b>\$0.00</b> |
|--|---------------|

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### CERTIFICATION

I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void.

|                        |                 |
|------------------------|-----------------|
| Principal Officer Name | Levine, Michael |
|------------------------|-----------------|

|                         |               |
|-------------------------|---------------|
| Principal Officer Email | BLOCKED_EMAIL |
|-------------------------|---------------|

|                    |                  |
|--------------------|------------------|
| Certification Date | 01/10/2011 12:24 |
|--------------------|------------------|

### ELECTRONIC SIGNATURE

Michael Levine was required to indicate acceptance of the representations made in the following statement by entering his or her password used to access the E-Lobbyist, New York City Lobbyist Filing System and pressing the Submit button to affix his or her electronic signature and file the report with the Office of City Clerk - City of New York.

"I certify that all statements made on this report are true and correct to the best of my knowledge and belief, and I understand that the willful false statement of any material fact herein will subject me to the provisions of law relevant to the making of false instruments and will render such statement null and void."