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## **Client Information**

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<b>Client Name</b>	Institute for Family Health
<b>Business Address</b>	16 East 16th Street, New York, NY 10003
<b>Client P.O. Name</b>	Golub, Maxine
<b>Business Phone</b>	(212) 633-0800
<b>Business Email</b>	BLOCKED_EMAIL

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## **Lobbyist Entities**

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### **Lobbyist Entity # 1**

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<b>Lobbyist Entity's Name</b>	Institute for Family Health
<b>Lobbyist Entity's Business Phone</b>	(212) 633-0800
<b>Lobbyist Entity's Business Address</b>	16 East 16th Street, New York, NY 10003

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### **Compensation Paid or Owed to Institute for Family Health**

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<b>Compensation Paid or Owed During the Calendar Year</b>	\$0
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### **Client Expenses Reimbursed to Institute for Family Health**

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<b>Total of Aggregate Expenses \$75.00 or less</b>	\$0.00
<b>Are there expenses greater than \$75.00?</b>	No

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### **Lobbying Activities**

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**NO ACTIVITY**

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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 Golub, Maxine

Principal Officer Email BLOCKED\_EMAIL

Certification Date 01/19/2011 10:58

## ELECTRONIC SIGNATURE

Maxine Golub 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."