

Client Information

Client Name	Cabrini Center for Nursing and Rehabilitation
Business Address	542 East 5th Street, New York, NY 10009
Client P.O. Name	Krasnausky, Patricia
Business Phone	(212) 358-3000
Business Email	BLOCKED_EMAIL

Lobbyist Entities

Lobbyist Entity # 1

Lobbyist Entity's Name	Geto & de Milly Inc.
Lobbyist Entity's Business Phone	(212) 686-4551
Lobbyist Entity's Business Address	276 Fifth Avenue, Suite 806, NY 10001

Compensation Paid or Owed to Geto & de Milly Inc.

Compensation Paid or Owed During the Calendar Year	\$50,000
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Client Expenses Reimbursed to Geto & de Milly Inc.

Total of Aggregate Expenses \$75.00 or less	\$15.00
Are there expenses greater than \$75.00?	YES

Itemized Expenses

Itemized Expense # 1

Paid to	Geto & de Milly Inc.
Purpose	NYC/NYS Lobbying Fees
Amount	\$150.00

Itemized Expense # 2

2010 Client Annual Report for Cabrini Center for Nursing and Rehabilitation

Paid to Geto & de Milly Inc.

Purpose Photocopies

Amount \$152.00

Itemized Expense Total \$302.00

Lobbying Activities

Activity # 1

Subject Category Introduction

Subject Details In connection with funding for Cabrini Center for Nursing and Rehabilitation

Target	Office/Department	Contact Name
Community Boards	Manhattan Board No. 3	Stetzer, Susan Pisciotta, Domenic McWater, David

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	Krasnausky, Patricia
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	01/26/2011 15:07
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ELECTRONIC SIGNATURE

Patricia Krasnausky 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."