

## Client Information

|                         |  |
|-------------------------|--|
| <b>Client Name</b>      | LogistiCare Solutions, LLC                           |
| <b>Business Address</b> | 1800 Phoenix Blvd, Suite 120, College Park, GA 30349 |
| <b>Client P.O. Name</b> | Pittman, Robert                                      |
| <b>Business Phone</b>   | (770) 907-7596                                       |
| <b>Business Email</b>   | BLOCKED_EMAIL  |

## Lobbyist Entities

### Lobbyist Entity # 1

|   |                                      |
|---|--------------------------------------|
| <b>Lobbyist Entity's Name</b>             | OSTROFF, HIFFA & ASSOCIATES INC      |
| <b>Lobbyist Entity's Business Phone</b>   | (518) 426-6202                       |
| <b>Lobbyist Entity's Business Address</b> | 12 SHERIDAN AVENUE, ALBANY, NY 12207 |

### Compensation Paid or Owed to OSTROFF, HIFFA & ASSOCIATES INC

|   |          |
|---|----------|
| <b>Compensation Paid or Owed During the Calendar Year</b> | \$52,500 |
|---|----------|

### Client Expenses Reimbursed to OSTROFF, HIFFA & ASSOCIATES INC

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

## Lobbying Activities

### Activity # 1

|                         |                                     |
|-------------------------|-------------------------------------|
| <b>Subject Category</b> | TRANSPORTATION                      |
| <b>Subject Details</b>  | NON-EMERGENT MEDICAL TRANSPORTATION |

| Target   | Office/Department | Contact Name   |
|--|-------------------|--|
| Department of Social Services/Human Resources Administration (HRA) |                   | HARPER, MARY<br>MARCOS, SAM<br>CHUNG, VIRGINIA<br>YEAW, JENNIFER |

## 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 | Pittman, Robert |
|------------------------|-----------------|

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

|                    |                  |
|--------------------|------------------|
| Certification Date | 02/16/2011 15:14 |
|--------------------|------------------|

## ELECTRONIC SIGNATURE

Robert Pittman 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."