

2011 P5 Client Periodic Report

Lobbyist Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Client Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Lobbyist Information

Principal Officer Name	Perlman, Lee
Principal Officer Title	CFO and SVP, Administration
Principal Officer Email	BLOCKED_EMAIL
Principal Officer Phone	(212) 506-5433
Lobbyist Business Name	Greater New York Hospital Assn, Subsidiaries & Affiliate
Lobbyist Business Address	555 West 57 Street, New York, NY 10019 United States of America
Lobbyist Business Phone	(212) 246-7100

Client Information

Client Name	Greater New York Hospital Assn, Subsidiaries & Affiliate
Business Address	555 West 57 Street, New York, NY 10019 United States of America
Client P.O. Name	Perlman, Lee
Business Phone	(212) 246-7100
Business Email	BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name	Burke, Alison
Employee's Work Address	555 West 57th Street, New York, NY 10019 United States of America
Employee's Work Phone	(212) 246-7100
Employee's Salary	\$2,582.00

2011 P5 Client Periodic Report

Lobbyist Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Client Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Lobbying Activities

Activity # 1

Subject Category Budget

Subject Details MAYOR'S BUDGET PROPOSAL ON AMBULANCE FEE

Target	Office/Department	Contact Name
NYC Council Members - Staff	Recchia, Jr., Domenic M. - District No. 47	RUSSELL, JOHN
Fire Department		Nahmod, Abdo

Summary of Compensation for Client

Total Compensation Paid or Owed for Current Period \$2,582.00

Lobbying Expenses

Aggregate of all expenses for salaries of support staff \$2,000.00

Total of Aggregate Expenses \$75.00 or less \$0.00

Are there expenses greater than \$75.00? YES

Itemized Expenses

Itemized Expense # 1

Paid to IN HOUSE

Amount \$600.00

Purpose PHOTOCOPIES, POSTAGE, PHONE

Itemized Expense Total \$600.00

Total Expenses for Current Period \$2,600.00

Reimbursed Expenses

2011 P5 Client Periodic Report

Lobbyist Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Client Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Total Reimbursed Expenses for Current Period	\$0.00
--	--------

2011 P5 Client Periodic Report

Lobbyist Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Client Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

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	Perlman, Lee
------------------------	--------------

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

Certification Date	11/10/2011 14:17
--------------------	------------------

ELECTRONIC SIGNATURE

Lee Perlman 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."