

## 2012 P5 Client Periodic Report

Lobbyist Name: TLM ASSOCIATES LLC

Client Name: Denos Wonder Wheel

### Lobbyist Information

|                           |                                                                         |
|---------------------------|-------------------------------------------------------------------------|
| Principal Officer Name    | MCMAHON, THOMAS                                                         |
| Principal Officer Title   | MEMBER                                                                  |
| Principal Officer Email   | BLOCKED_EMAIL                                                           |
| Principal Officer Phone   | (646) 502-3575                                                          |
| Lobbyist Business Name    | TLM ASSOCIATES LLC                                                      |
| Lobbyist Business Address | 233 BROADWAY, SUITE 702, NEW YORK, NY 10007<br>United States of America |
| Lobbyist Business Phone   | (646) 467-8536                                                          |

### Client Information

|                  |                                                                |
|------------------|----------------------------------------------------------------|
| Client Name      | Denos Wonder Wheel                                             |
| Business Address | 1025 Boardwalk, Brooklyn, NY 11224 United States of<br>America |
| Client P.O. Name | Vourderis, Dennis                                              |
| Business Phone   | (718) 372-2592                                                 |
| Business Email   | BLOCKED_EMAIL                                                  |

### Summary of Compensation from Client

|                                                    |            |
|----------------------------------------------------|------------|
| Total Compensation Paid or Owed for Current Period | \$1,000.00 |
|----------------------------------------------------|------------|

### Lobbying Expenses

|                                                            |        |
|------------------------------------------------------------|--------|
| Aggregate of all expenses for salaries of support<br>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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|                        |        |
|------------------------|--------|
| Itemized Expense Total | \$0.00 |
|------------------------|--------|

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

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

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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 | MCMAHON, THOMAS |
|------------------------|-----------------|

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

|                    |                  |
|--------------------|------------------|
| Certification Date | 12/03/2012 09:11 |
|--------------------|------------------|

### ELECTRONIC SIGNATURE

THOMAS MCMAHON 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."