

Client Information

Client Name	United Hospital Fund of New York
Business Address	350 Fifth Avenue, Suite 2300, New York, NY 10118 United States of America
Client P.O. Name	Gould, David
Business Phone	(212) 494-0740
Business Email	BLOCKED_EMAIL

Lobbyist Entities

Lobbyist Entity # 1

Lobbyist Entity's Name	Wilson, Elser Moskowitz Edelman & Dicker LLP
Lobbyist Entity's Business Phone	(518) 449-8893
Lobbyist Entity's Business Address	677 Broadway, Albany, NY 12207 United States of America

Compensation Paid or Owed to Wilson, Elser Moskowitz Edelman & Dicker LLP

Compensation Paid or Owed During the Calendar Year	\$28,000
--	----------

Client Expenses Reimbursed to Wilson, Elser Moskowitz Edelman & Dicker LLP

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	Wilson, Elser Moskowitz Edelman & Dicker LLP
Purpose	reimbursed expenses
Amount	\$1,680.00

2012 Client Annual Report for United Hospital Fund of New York

Itemized Expense Total \$1,680.00

Lobbying Activities

NO ACTIVITY

Lobbyist Entity # 2

Lobbyist Entity's Name United Hospital Fund of New York

Lobbyist Entity's Business Phone (212) 494-0740

Lobbyist Entity's Business Address 350 Fifth Avenue, Suite 2300, New York, NY 10118
United States of America

Compensation Paid or Owed to United Hospital Fund of New York

Compensation Paid or Owed During the Calendar Year \$360

Client Expenses Reimbursed to United Hospital Fund of New York

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

Are there expenses greater than \$75.00? No

Lobbying Activities

Activity # 1

Subject Category Budget

Subject Details Budget Issues

Target	Office/Department	Contact Name
Mayor, Office of the (OTM)	Deputy Mayor(s)	Cohen, Andrea
Health And Mental Hygiene, Department of (DOHMH)		Parsons, Amanda

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	Gould, David
------------------------	--------------

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

Certification Date	01/15/2013 13:45
--------------------	------------------

ELECTRONIC SIGNATURE

David Gould 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."