

## 2013 P5 Client Periodic Report

**Lobbyist Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

**Client Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

### Lobbyist Information

<b>Principal Officer Name</b>	Quinones, Mary
<b>Principal Officer Title</b>	VP for Strategic Community Partnership
<b>Principal Officer Email</b>	BLOCKED_EMAIL
<b>Principal Officer Phone</b>	(718) 630-7000
<b>Lobbyist Business Name</b>	Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers
<b>Lobbyist Business Address</b>	150 55th Street, Brooklyn, NY 11220 United States of America
<b>Lobbyist Business Phone</b>	(718) 630-7000

### Client Information

<b>Client Name</b>	Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers
<b>Business Address</b>	150 55th Street, Brooklyn, NY 11220 United States of America
<b>Client P.O. Name</b>	Quinones, Mary
<b>Business Phone</b>	(718) 630-7000
<b>Business Email</b>	BLOCKED_EMAIL

### Summary of Compensation from Client

<b>Total Compensation Paid or Owed for Current Period</b>	\$0.00
---	--------

### Lobbying Expenses

<b>Aggregate of all expenses for salaries of support staff</b>	\$0.00
<b>Total of Aggregate Expenses \$75.00 or less</b>	\$0.00

## 2013 P5 Client Periodic Report

**Lobbyist Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

**Client Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

Are there expenses greater than \$75.00?	No
--	----

---

Itemized Expense Total	\$0.00
------------------------	--------

---

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

---

### Reimbursed Expenses

---

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

---

## 2013 P5 Client Periodic Report

**Lobbyist Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

**Client Name: Lutheran Medical Center for the benefit of Sunset Park Health Council, Inc. d/b/a Lutheran Family Health Centers**

### 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	Quinones, Mary
------------------------	----------------

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

Certification Date	11/13/2013 10:39
--------------------	------------------

### ELECTRONIC SIGNATURE

Mary Quinones 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."