

## Client Information

<b>Client Name</b>	FIRE ALARM DISPATCHERS BENEVOLENT ASSN, INC.
<b>Business Address</b>	139 FULTON STREET, SUITE 315, NEW YORK CITY, NY 10038
<b>Client P.O. Name</b>	rosenzweig, david
<b>Business Phone</b>	(212) 779-2799
<b>Business Email</b>	BLOCKED_EMAIL

## Lobbyist Entities

### Lobbyist Entity # 1

<b>Lobbyist Entity's Name</b>	Robert A. Ungar Associates, Inc.
<b>Lobbyist Entity's Business Phone</b>	(516) 227-2400
<b>Lobbyist Entity's Business Address</b>	200 Garden City Plaza, Suite 201, Garden City, NY 11530
<b>Compensation Paid or Owed During the Calendar Year</b>	\$6,000

## Lobbying Activities

### Activity # 1

<b>Subject Category</b>	MATTERS EFFECTING UNION OPERATIONS
<b>Subject Details</b>	PUBLIC SAFETY ANSWERING CENTER (psac), UNIFIED CALL TAKER (UCT)
<b>Is the Lobbying Target an Entity or a Person?</b>	person
<b>Lobbying Target's Name</b>	CASSANO, SAL

## 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

Are there expenses greater than \$75.00?

No

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## **Itemized Expenses**

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**Itemized Expense Total**

\$0.00

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**Total Compensation Paid or Owed During the  
Calendar Year**

\$6,000.00

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**Total Expenses and Compensation for Year**

\$6,000.00

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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	rosenzweig, david
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	12/30/2008 22:09
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## ELECTRONIC SIGNATURE

david rosenzweig 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."