

# 2008 Client Annual Report for Continuing Care Leadership Coalition

## Client Information

<b>Client Name</b>	Continuing Care Leadership Coalition
<b>Business Address</b>	555 West 57th Street, Room 1500, New York, NY 10019
<b>Client P.O. Name</b>	Amrhein, Scott
<b>Business Phone</b>	(212) 506-5409
<b>Business Email</b>	BLOCKED_EMAIL

## Lobbyist Entities

### Lobbyist Entity # 1

<b>Lobbyist Entity's Name</b>	Continuing Care Leadership Coalition
<b>Lobbyist Entity's Business Phone</b>	(212) 506-5409
<b>Lobbyist Entity's Business Address</b>	555 West 57th Street, Room 1500, New York, NY 10019
<b>Compensation Paid or Owed During the Calendar Year</b>	\$0

## Lobbying Activities

### Activity # 1

<b>Subject Category</b>	Emergency Preparedness
<b>Subject Details</b>	NYC DOH Pandemic Tabletop
<b>Is the Lobbying Target an Entity or a Person?</b>	entity
<b>Lobbying Target's Name</b>	Office of Emergency Management (OEM)

## Lobbying Expenses

<b>Aggregate of all expenses for salaries of support staff</b>	\$500.00
<b>Total of Aggregate Expenses \$75.00 or less</b>	\$150.00
<b>Are there expenses greater than \$75.00?</b>	No

## **Itemized Expenses**

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<b>Itemized Expense Total</b>	<b>\$0.00</b>
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<b>Total Compensation Paid or Owed During the Calendar Year</b>	<b>\$0.00</b>
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<b>Total Expenses and Compensation for Year</b>	<b>\$650.00</b>
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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	Amrhein, Scott
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	02/17/2009 17:14
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## ELECTRONIC SIGNATURE

Scott Amrhein 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."