

2009 P1 Amended Client Periodic Report

Lobbyist Name: Community Health Care Association of New York State, Inc.

Client Name: Community Health Care Association of New York State, Inc.

Lobbyist Information

Principal Officer Name	Elizabeth, Swain
Principal Officer Title	Chief Executive Officer
Principal Officer Email	BLOCKED_EMAIL
Principal Officer Phone	(212) 710-3802
Lobbyist Business Name	Community Health Care Association of New York State, Inc.
Lobbyist Business Address	535 8th Avenue, 8th Fl, New York, NY 10018
Lobbyist Business Phone	(212) 279-9686

Client Information

Client Name	Community Health Care Association of New York State, Inc.
Business Address	535 8th Avenue, 8th Fl, New York, NY 10018
Client P.O. Name	Elizabeth, Swain
Business Phone	(212) 279-9686
Business Email	BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name	Hellerstein, Lisa
Employee's Work Address	535 Eighth Avenue, New York, NY 10018
Employee's Work Phone	(212) 279-9686

Employee # 2

Employee's Name	Ng, Daryl
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Client Name: Community Health Care Association of New York State, Inc.

Employee's Work Address	535 Eighth Avenue, 8th Floor, New York, NY 10018
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Employee's Work Phone	(212) 279-9686
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Summary of Compensation

Total Compensation Paid or Owed for Current Period	\$18,000.00
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Year to Date Total Compensation Paid or Owed	\$18,000.00
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Lobbying Expenses

Aggregate of all expenses for salaries of support staff	\$0.00
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Total of Aggregate Expenses \$75.00 or less	\$0.00
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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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Year to Date Total of Expenses	\$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	Elizabeth, Swain
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	05/12/2009 09:27
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ELECTRONIC SIGNATURE

Swain Elizabeth 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."