

2009 P5 Client Periodic Report

Lobbyist Name: Thomson Strategies, LLC

Client Name: Partnership with Children, Inc.

Lobbyist Information

Principal Officer Name Thomson, Terri

Principal Officer Title President

Principal Officer Email BLOCKED_EMAIL

Principal Officer Phone (718) 487-3375

Lobbyist Business Name Thomson Strategies, LLC

Lobbyist Business Address 61-23 190 Street Suite 531, Fresh Meadows, NY 11365

Lobbyist Business Phone (718) 487-3375

Client Information

Client Name Partnership with Children, Inc.

Business Address 299 Broadway Suite 1300, New York, NY 10007

Client P.O. Name Sidrane, Michelle

Business Phone (212) 689-9500

Business Email BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name Thomson, Terri

Employee's Work Address 61-23 190 Street Suite 531, Fresh Meadows, NY 11365

Employee's Work Phone (718) 487-3375

Summary of Compensation

Total Compensation Paid or Owed for Current Period \$8,000.00

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Year to Date Total Compensation Paid or Owed	\$40,000.00
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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	Thomson, Terri
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	11/07/2009 13:41
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ELECTRONIC SIGNATURE

Terri Thomson 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."