

2009 P5 Client Periodic Report

Lobbyist Name: Sheinkopf LTD.

Client Name: RETIREES ASSOCIATION OF DC 37,AFSCME,AFL-CIO

Lobbyist Information

Principal Officer Name Sheinkopf, Hank

Principal Officer Title President

Principal Officer Email BLOCKED_EMAIL

Principal Officer Phone (212) 725-2378

Lobbyist Business Name Sheinkopf LTD.

Lobbyist Business Address 152 Madison Avenue, New York, NY 10016

Lobbyist Business Phone (212) 725-2378

Client Information

Client Name RETIREES ASSOCIATION OF DC 37,AFSCME,AFL-CIO

Business Address 125 BARCLAY STREET, NEW YORK, NY 10007

Client P.O. Name HARDISTY, JOHN J.

Business Phone (212) 815-7585

Business Email BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name Sheinkopf, Hank

Employee's Work Address 152 Madison Ave, Suite 1603, New York, NY 10016

Employee's Work Phone (212) 725-2378

Summary of Compensation

Total Compensation Paid or Owed for Current Period \$2,600.00

2009 P5 Client Periodic Report

Lobbyist Name: Sheinkopf LTD.

Client Name: RETIREES ASSOCIATION OF DC 37,AFSCME,AFL-CIO

Year to Date Total Compensation Paid or Owed	\$13,000.00
--	-------------

Lobbying Expenses

Aggregate of all expenses for salaries of support staff	\$0.00
---	--------

Total of Aggregate Expenses \$75.00 or less	\$0.00
---	--------

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

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

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

Year to Date Total of Expenses	\$0.00
--------------------------------	--------

2009 P5 Client Periodic Report

Lobbyist Name: Sheinkopf LTD.

Client Name: RETIREES ASSOCIATION OF DC 37,AFSCME,AFL-CIO

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	Sheinkopf, Hank
------------------------	-----------------

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

Certification Date	11/11/2009 13:45
--------------------	------------------

ELECTRONIC SIGNATURE

Hank Sheinkopf 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."