

## 2009 P5 Client Periodic Report

Lobbyist Name: Stroock & Stroock& Lavan LLP

Client Name: St. Barnabas Hospital

### Lobbyist Information

Principal Officer Name Moskowitz, Ross F.

Principal Officer Title Partner

Principal Officer Email BLOCKED\_EMAIL

Principal Officer Phone (212) 806-5550

Lobbyist Business Name Stroock & Stroock& Lavan LLP

Lobbyist Business Address 180 Maiden Lane, New York, NY 10038

Lobbyist Business Phone (212) 806-5400

### Client Information

Client Name St. Barnabas Hospital

Business Address 4422 Third Avenue, Bronx, NY 10457

Client P.O. Name Walsh, Len

Business Phone (718) 960-9454

Business Email BLOCKED\_EMAIL

### Employee(s) Lobbying for Client

#### Employee # 1

Employee's Name Moskowitz, Ross F.

Employee's Work Address 180 Maiden Lane, New York, NY 10038

Employee's Work Phone (212) 806-5550

### Summary of Compensation

Total Compensation Paid or Owed for Current Period \$0.00

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Year to Date Total Compensation Paid or Owed	\$0.00
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### Lobbying Expenses

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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	\$2,464.70
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Client Name: St. Barnabas Hospital

### 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	Moskowitz, Ross F.
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	11/13/2009 13:10
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### ELECTRONIC SIGNATURE

Ross F. Moskowitz 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."