

2009 Client Annual Report for DOCTORS COUNCIL

Client Information

Client Name	DOCTORS COUNCIL
Business Address	50 BROADWAY, NEW YORK, NY 10004
Client P.O. Name	Liebowitz, Barry
Business Phone	(212) 532-7690
Business Email	BLOCKED_EMAIL

Lobbyist Entities

Lobbyist Entity # 1

Lobbyist Entity's Name	Connelly Communications, Inc.
Lobbyist Entity's Business Phone	(212) 437-7373
Lobbyist Entity's Business Address	64 Fulton Street Suite 1105, new York, NY 10038
Compensation Paid or Owed During the Calendar Year	\$72,000

Lobbying Activities

Activity # 1

Subject Category	other
Subject Details	To save the NYC Dept of Health ORAL HEALTH PROGRAM

Target	Office/Department	Contact Name
NYC Council Members	Baez, Maria - District No. 14 DeBlasio, Bill - District No. 39 Garodnick, Daniel - District No. 4 Foster, Helen - District No. 16 Dickens, Inez - District No. 9 Martinez, Miguel - District No. 10 Mendez, Rosie - District No. 2 Quinn, Christine - District No. 3	

Reimbursed Client Expenses (Expenses Reimbursed to the Lobbyist)

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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 Expenses

Itemized Expense Total	\$0.00
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Total Compensation Paid or Owed During the Calendar Year	\$72,000.00
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Total Expenses and Compensation for Year	\$72,000.00
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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	Liebowitz, Barry
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	01/05/2010 11:32
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ELECTRONIC SIGNATURE

Barry Liebowitz 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."