

2009 P6 Client Periodic Report/Lobbyist Annual Report

Lobbyist Name: dames reid, llc

Client Name: Therapeutic Community Association of New York

Lobbyist Information

Principal Officer Name dames, cynthia

Principal Officer Title senior partner

Principal Officer Email BLOCKED_EMAIL

Principal Officer Phone (212) 858-7772

Lobbyist Business Name dames reid, llc

Lobbyist Business Address 140 broadway, 46 floor, new york, NY 10005

Lobbyist Business Phone (212) 858-7772

Client Information

Client Name Therapeutic Community Association of New York

Business Address 164 West 74th Street, New York, NY 10023

Client P.O. Name Debye-Saxinger, Norwig

Business Phone (914) 455-5154

Business Email BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name dames, cynthia

Employee's Work Address 140 broadway, 46 floor, new york, NY 10005

Employee's Work Phone (212) 858-7772

Summary of Compensation

Total Compensation Paid or Owed for Current Period \$3,500.00

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Year to Date Total Compensation Paid or Owed	\$21,000.00
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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	dames, cynthia
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	01/28/2010 17:03
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ELECTRONIC SIGNATURE

cynthia dames 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."