

2009 Amended P6 Client Periodic Report/Lobbyist Annual Report

Lobbyist Name: Amigos del Museo del Barrio

Client Name: Amigos del Museo del Barrio

Lobbyist Information

Principal Officer Name Delvalle, Susan

Principal Officer Title Director of External Affairs

Principal Officer Email BLOCKED_EMAIL

Principal Officer Phone (212) 660-7145

Lobbyist Business Name Amigos del Museo del Barrio

Lobbyist Business Address 1230 Fifth Avenue, New York, NY 10029

Lobbyist Business Phone (212) 831-7272

Client Information

Client Name Amigos del Museo del Barrio

Business Address 1230 Fifth Avenue, New York, NY 10029

Client P.O. Name Delvalle, Susan

Business Phone (212) 831-7272

Business Email BLOCKED_EMAIL

Employee(s) Lobbying for Client

Employee # 1

Employee's Name Delvalle, Susan

Employee's Work Address 1230 Fifth Avenue, New York, NY 10029

Employee's Work Phone (212) 660-7145

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	\$184.62
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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	\$146.15
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Client Name: Amigos del Museo del Barrio

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	Delvalle, Susan
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	02/02/2010 11:09
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ELECTRONIC SIGNATURE

Susan Delvalle 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."