

2010 P1 Client Periodic Report

Lobbyist Name: Coalition of Behavioral Health Agencies, Inc.

Client Name: Coalition of Behavioral Health Agencies, Inc.

Lobbyist Information

| | |
|---------------------------|---|
| Principal Officer Name | Saperia, Phillip |
| Principal Officer Title | Executive Director |
| Principal Officer Email | BLOCKED_EMAIL |
| Principal Officer Phone | (212) 742-1600 |
| Lobbyist Business Name | Coalition of Behavioral Health Agencies, Inc. |
| Lobbyist Business Address | 90 Broad Street, 8th Floor, NY 10004 |
| Lobbyist Business Phone | (212) 742-1600 |

Client Information

| | |
|------------------|---|
| Client Name | Coalition of Behavioral Health Agencies, Inc. |
| Business Address | 90 Broad Street, 8th Floor, NY 10004 |
| Client P.O. Name | Saperia, Phillip |
| Business Phone | (212) 742-1600 |
| Business Email | BLOCKED_EMAIL |

Employee(s) Lobbying for Client

Employee # 1

| | |
|-------------------------|----------------------------------|
| Employee's Name | Lippman, Jason |
| Employee's Work Address | 90 Broad St., New York, NY 10004 |
| Employee's Work Phone | (212) 742-1600 |

Lobbying Activities

Activity # 1

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Subject Category

Budget

Subject Details

2010-11 Budget

| Target | Office/Department | Contact Name |
|---------------------|---|--------------|
| NYC Council Members | Chin, Margaret - District No. 1 Lander, Bradford - District No. 39 | |

Summary of Compensation

Total Compensation Paid or Owed for Current Period \$38.50

Year to Date Total Compensation Paid or Owed \$38.50

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

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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.

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|------------------------|------------------|
| Principal Officer Name | Saperia, Phillip |
|------------------------|------------------|

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

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|--------------------|------------------|
| Certification Date | 03/13/2010 07:09 |
|--------------------|------------------|

ELECTRONIC SIGNATURE

Phillip Saperia 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."