

2010 P1 Client Periodic Report

Lobbyist Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Client Name: Greater New York Hospital Assn, Subsidiaries & Affiliate

Lobbyist Information

Principal Officer Name	Perlman, Lee
Principal Officer Title	CFO and SVP, Administration
Principal Officer Email	BLOCKED_EMAIL
Principal Officer Phone	(212) 506-5433
Lobbyist Business Name	Greater New York Hospital Assn, Subsidiaries & Affiliate
Lobbyist Business Address	555 West 57 Street, New York, NY 10019
Lobbyist Business Phone	(212) 246-7100

Client Information

Client Name	Greater New York Hospital Assn, Subsidiaries & Affiliate
Business Address	555 West 57 Street, New York, NY 10019
Client P.O. Name	Perlman, Lee
Business Phone	(212) 246-7100
Business Email	BLOCKED_EMAIL

Summary of Compensation

Total Compensation Paid or Owed for Current Period	\$74,164.00
Year to Date Total Compensation Paid or Owed	\$74,164.00

Lobbying Expenses

Aggregate of all expenses for salaries of support staff	\$2,000.00
Total of Aggregate Expenses \$75.00 or less	\$0.00
Are there expenses greater than \$75.00?	YES

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Itemized Expenses

Itemized Expense # 1

Paid to	IN HOUSE
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Purpose	PHONE, POSTAGE, PHOTOCOPIES
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Amount	\$600.00
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Itemized Expense Total	\$600.00
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Total Expenses for Current Period	\$2,600.00
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Year to Date Total of Expenses	\$2,600.00
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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	Perlman, Lee
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	03/15/2010 12:00
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ELECTRONIC SIGNATURE

Lee Perlman 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."