

2010 P3 Client Periodic Report

Lobbyist Name: Sunset Park Health Council, Inc. d/b/a Lutheran Family Healt

Client Name: Sunset Park Health Council, Inc. d/b/a Lutheran Family Healt

Lobbyist Information

Principal Officer Name	McReynolds, Larry
Principal Officer Title	Executive Director
Principal Officer Email	BLOCKED_EMAIL
Principal Officer Phone	(718) 630-7216
Lobbyist Business Name	Sunset Park Health Council, Inc. d/b/a Lutheran Family Healt
Lobbyist Business Address	150 55th Street, Brooklyn, NY 11220
Lobbyist Business Phone	(718) 630-7216

Client Information

Client Name	Sunset Park Health Council, Inc. d/b/a Lutheran Family Healt
Business Address	150 55th Street, Brooklyn, NY 11220
Client P.O. Name	McReynolds, Larry
Business Phone	(718) 630-7216
Business Email	BLOCKED_EMAIL

Summary of Compensation

Total Compensation Paid or Owed for Current Period	\$0.00
Year to Date Total Compensation Paid or Owed	\$0.00

Lobbying Expenses

Aggregate of all expenses for salaries of support staff	\$0.00
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	\$32.00
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Lobbyist Name: Sunset Park Health Council, Inc. d/b/a Lutheran Family Health

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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	McReynolds, Larry
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Principal Officer Email	BLOCKED_EMAIL
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Certification Date	07/08/2010 14:44
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ELECTRONIC SIGNATURE

Larry McReynolds 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."