Interim Lobbying - Quarterly Expense Report

Received
JAN 31 2014
Philadelphia Board of Ethics

(Please Type or Print in Ink)

☐ **Check Box if AMENDMENT**

01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1/28/2014	2013	Q4	

Type of Filer

■ Principal ☐ Lobbyist ☐ Lobbying Firm

02 FILER INFORMATION

Name of Filer	Email Address	Phone Number
Apollo Management Holdings, L.P.	compliance@apollolp.com	(212) 515-3200

Permanent Business Address	City	State	Zip Code
9 West 57th Street, 48th Floor	New York	NY	10019

03 LOBBYING EXPENDITURES

☒ Total Lobbying Expenses did not exceed $2,500 during this quarter.
If you check this box, leave the rest of this section blank and move to Section 09.

Total Expenditures for Direct Communication	$
Total Expenditures for Indirect Communication	$
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	$
Total Lobbying Expenditures for the Quarter	$

04 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Direct Communication

Lobbying Category (Select from the list on page 9)	**Specific Subject Matter** (Issue, Bill Number)	**Position Taken** (Support/Oppose/Amend/Proposed/Other)	**Name of City Official & Agency**

05 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Indirect Communication

Lobbying Category (Select from the list on page 9)	**Specific Subject Matter** (Issue, Bill Number)	**Position Taken** (Support/Oppose/Amend/Proposed/Other)	**Method of Communication**	**Description of Recipient Group**

06 CITY OFFICIALS/EMPLOYEES WHO RECEIVED GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING

Name of Recipient City Official/Employee	Department & Position of Recipient City Official/Employee	Description of Item	Value of Item	Date	Place of Receipt	Name & Address of the Source of the Item

07 REPAYMENTS TO PRINCIPALS FOR GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING

Recipient of Item	Description of Item	Value of Item	Repayment Amount

08 SOURCE(S) OF CONTRIBUTIONS TO PRINCIPAL

Name of Individual, Association, Corporation, Partnership, Business Trust or Other Business	Permanent Business Address	City, State, Zip	Daytime Telephone Number

09 PRINCIPAL AFFIRMATION

By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

INDIVIDUAL AFFIRMING CONTENTS OF EXPENSE REPORT

NAME	PHONE NUMBER	EMAIL ADDRESS
Cindy Michel	(212) 822-0524	cmichel@apollolp.com

SIGNATURE	DATE
Cindy Michel	1/28/2014

NAME OF PRINCIPAL: _____ **YEAR:** _____ **QUARTER:** _____

10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Permanent Business Address	**City**	**State**	**Zip Code**

LOBBYIST OR LOBBYING FIRM AFFIRMATION

☐ By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report and that the information reported herein is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

☐ By affixing my signature to this expense report, I affirm that I have actual knowledge of the contents of this expense report to the extent described in my statement which follows. I affirm that the information reported on this expense report of which I have knowledge is valid, accurate, and complete to the best of my knowledge. To the best of my knowledge at all times relevant to this quarterly expense reporting period, I have complied with the requirements of City Code §20-1205(5). I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

☐ By affixing my signature to this expense report, I affirm that I engaged in no lobbying activity for this principal during this expense report period. I acknowledge that this affirmation is being made subject to 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities). I consent to receive service of notices, other official mailings, or process at the address or email listed in this expense report.

AUTHORIZED SIGNATURE	DATE

STATEMENT OF LIMITED KNOWLEDGE