



## Interim Lobbying - Quarterly Expense Report

Received  
**JAN 30 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)
1/30/2014	2013	4	

Type of Filer

Principal
  Lobbyist
  Lobbying Firm

**02 FILER INFORMATION**

Name of Filer		Email Address	Phone Number
Center City District		plevy@centercitydistrict.org	(215) 440-5512
Permanent Business Address	City	State	Zip Code
660 Chestnut St	Philadelphia	PA	19106

**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	\$ \$0.00
Total Expenditures for Indirect Communication	\$ \$0.00
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$ \$0.00
<b>Total Lobbying Expenditures for the Quarter</b>	<b>\$ \$0.00</b>





**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
None						

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

Recipient of Item	Description of Item	Value of Item	Repayment Amount
None			

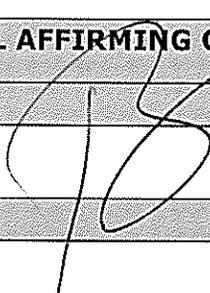
**08 SOURCE(S) OF CONTRIBUTIONS TO PRINCIPAL**

<b>Name of Individual, Association, Corporation, Partnership, Business Trust or Other Business</b>	<b>Permanent Business Address</b>	<b>City, State, Zip</b>	<b>Daytime Telephone Number</b>
None			

**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
Paul Levy 	(215) 440-5512	plevy@centercityphila.org
SIGNATURE	DATE	

**NAME OF PRINCIPAL:**

Center City District

**YEAR:**

2013

**QUARTER:**

4

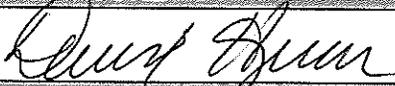
**10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.**

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
David L. Hyman, Esq.	dhyman@kleinbard.com	(215) 568-2000	
Permanent Business Address	City	State	Zip Code
1650 Market Street 46th FL	Philadelphia	PA	19103

**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**

1-28-14

**STATEMENT OF LIMITED KNOWLEDGE**

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**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	
Lauren Vidas		lauren@hazzouri.com		215-645-2289	
Permanent Business Address		City		State	Zip Code
115 Chestnut Street		Philadelphia		PA	19106

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**AUTHORIZED SIGNATURE**



**DATE**

1/20/14

**STATEMENT OF LIMITED KNOWLEDGE**

Knowledge is limited to the activities of Hazzouri and Associates.

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**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	
Ed Hazzouri	ed@hazzouri.com	215-645-2289	
Permanent Business Address	City	State	Zip Code
115 Chestnut Street	Philadelphia	PA	19106

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**AUTHORIZED SIGNATURE** **DATE**

*E Hazzouri* 1/20/14

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