



Received  
 JAN 30 2014  
 Philadelphia Board of Ethics

## Interim Lobbying - Quarterly Expense Report

(Please Type or Print in Ink)

Check Box if AMENDMENT

01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
January 30 2014	2013	4	

Type of Filer

Principal

Lobbyist

Lobbying Firm

**02 FILER INFORMATION**

Name of Filer	Email Address	Phone Number	
Corizon Health, Inc.	scott.king@corizonhealth.com	615 376 1323	
Permanent Business Address	City	State	Zip Code
105 Westpark Drive, Suite 200	Brentwood	TN	37027

**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	\$ 12,473
Total Expenditures for Indirect Communication	\$ 0
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$ 39
<b>Total Lobbying Expenditures for the Quarter</b>	<b>\$ 12,512</b>

**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
Health Care/Prisons	Bill No. 130002	Monitor	City Council / Mayor's Office / Prisons
Health Care / Prisons	Bill No. 130023	Monitor	City Council / Mayor's Office / Prisons



**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**

<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>

**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
Scott King	615 376 1323	scott.king@corizonhealth.com
SIGNATURE	DATE	
	1/22/14	

NAME OF PRINCIPAL:

Corizon Health, Inc.

YEAR: 2013

QUARTER: 4th

**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	
S. R. Wojdak & Associates, LP	info@wojdak.com	(215) 735-6660	
Permanent Business Address	City	State	Zip Code
200 S. Broad Street, Suite 850	Philadelphia	PA	19102

**LOBBYIST OR LOBBYING FIRM AFFIRMATION**

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- 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.
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**AUTHORIZED SIGNATURE**

**DATE**



1-30-14

**STATEMENT OF LIMITED KNOWLEDGE**

NAME OF PRINCIPAL:

Corizon Health, Inc.

YEAR:

2013

QUARTER:

4th

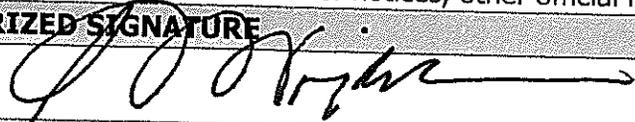
**10 LOBBYIST OR LOBBYING FIRM AFFIRMATION - Use a separate sheet for each Lobbyist or Lobbying Firm.**

Name of Lobbyist or Lobbying Firm	Email Address	Phone Number	
Stephen R. Wojdak	swojdak@wojdak.com	(215) 735-6660	
Permanent Business Address	City	State	Zip Code
200 South broad Street, Suite 850	Philadelphia	PA	19102

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**DATE**

1-30-14

**STATEMENT OF LIMITED KNOWLEDGE**

**NAME OF PRINCIPAL:** Corizon Health, Inc.      **YEAR:** 2013      **QUARTER:** 4th

**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	
John Hawkins	jhawkins@wojdak.com	(215) 735-6660	
Permanent Business Address	City	State	Zip Code
200 S. Broad Street, Suite 850	Philadelphia	PA	19102

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