

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)
Jan/30/2014	2013	3rd	

Type of Filer

Principal
  Lobbyist
  Lobbying Firm

**02 FILER INFORMATION**

Name of Filer	Email Address	Phone Number	
Market East Associates, LP	spalmoregoldenberggroup.com	610-260-9600	
Permanent Business Address	City	State	Zip Code
630 Sentry Pkwy - Suite 300	Blue Bell	PA	19022

**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>\$9,000.00</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
Gaming	Casino		N/A Lobbyist paid on retainer... no direct lobbying activities to report for this quarter

**05 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Indirect Communication**

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

**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
<i>Norman S Palmer</i>	<i>610-260-9600</i>	<i>spalmer@goldenberggroup.com</i>
SIGNATURE	DATE	
<i>N. Palmer</i>	<i>Jan. 29, 2014</i>	

NAME OF PRINCIPAL:

[Empty box for Name of Principal]

YEAR:

[Empty box for Year]

QUARTER:

[Empty box for 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
JOANN BELL	JOANN@PUGLIESEASSOCIATES.COM	(215) 977-7209
Permanent Business Address	City	State
TWO PENN CTR STE 1925 1500 JFK BLVD.	PHILADELPHIA	PA
		Zip Code
		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.

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**

*Joann Bell*

**DATE**

**STATEMENT OF LIMITED KNOWLEDGE**

[Empty box for Statement of Limited Knowledge]

NAME OF PRINCIPAL:

[Empty box for Name of Principal]

YEAR:

[Empty box for Year]

QUARTER:

[Empty box for 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
PUGLIESE ASSOCIATES	LINDA@PUGLIESEASSOCIATES.COM	(717) 238-9078
Permanent Business Address	City	State
2205 STRAWBERRY SQUARE	HARRISBURG	PA
		Zip Code
		17101

**LOBBYIST OR LOBBYING FIRM AFFIRMATION**

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**AUTHORIZED SIGNATURE**

*Frank J. Trully*

DATE

**STATEMENT OF LIMITED KNOWLEDGE**

[Empty box for Statement of Limited Knowledge]