



Interim Lobbying - Quarterly Expense Report

Received
JAN 29 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)
1/20/2014	2013	4th	

Type of Filer

Principal

Lobbyist

Lobbying Firm

02 FILER INFORMATION

Name of Filer	Email Address	Phone Number	
NHS Pennsylvania	jkim@nhsonline.org	(610) 260-4630	
Permanent Business Address	City	State	Zip Code
4391 Sturbridge Drive	Harrisburg	PA	17110

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	\$ \$6,000.00
Total Expenditures for Indirect Communication	\$ \$0.00
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$ \$0.00
Total Lobbying Expenditures for the Quarter	\$ \$6,000.00

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	N/A	N/A	N/A
Zoning	N/A	N/A	N/A

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
N/A	N/A	N/A	N/A	N/A

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
N/A						

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

Recipient of Item	Description of Item	Value of Item	Repayment Amount
N/A			

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
N/A			

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
SIGNATURE		DATE
		1/27/19

NAME OF PRINCIPAL:

NHS Pennsylvania

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	
J. Egan & Associates, LLC	avia@jeganassociates.com	(215) 628-0970	
Permanent Business Address	City	State	Zip Code
860 Penllyn Blue Bell Pike, Suite 210	Blue Bell	PA	19422

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

Our verification on behalf of our principal is strictly limited to the information that we provided to our principal, which has been included in this report. We are not aware, nor are we privy, to any of the other financial information in the Report including but not limited to expenses paid to lobbyists and/or lobbying firms other than ours, internal lobbying expenses of the Principal and the allocation of administrative and overhead costs of the Principal. We are also not aware of the amount and/or nature of any gifts, transportation, lodging and/or hospitality expenses incurred and expended by the Principal during this quarter other than those