



## Interim Lobbying - Quarterly Expense Report

Received  
**JAN 30 2014**  
 Philadelphia Board of Ethics

(Please Type or Print in Ink)			
<input type="checkbox"/> <b>Check Box if AMENDMENT</b>			
<b>01</b> Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1/24/2014	2013	4th	
<b>Type of Filer</b>			
<input checked="" type="checkbox"/> Principal	<input type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbying Firm	
<b>02 FILER INFORMATION</b>			
Name of Filer		Email Address	Phone Number
Navigator Holdings Ltd.		jonathan.markle@navigatorgas.com	(212) 355-5961
Permanent Business Address	City	State	Zip Code
399 Park Avenue, 38th Floor	New York	NY	10022
<b>03 LOBBYING EXPENDITURES</b>			
<input checked="" type="checkbox"/> 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. <i>No Lobbying, zero expenses.</i>			
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**

<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>Name of City Official &amp; Agency</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
Gina Y. Myers, Paralegal, on behalf of Navigator Holdings	(717) 237-4821	gina.myers@bipc.com
SIGNATURE		DATE
<i>Gina Y. Myers, Paralegal, Buchanan Ingersoll + Rooney</i>		1/29/14

**NAME OF PRINCIPAL:** Navigator Holdings Ltd.

**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	
Buchanan Ingersoll & Rooney PC	gina.myers@bipc.com	(717) 237-4821	
Permanent Business Address	City	State	Zip Code
409 N. Second Street, Suite 500	Harrisburg	PA	17101

**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
<i>Gina Y. Myers</i> for Buchanan Ingersoll & Rooney PC	1/29/14

**STATEMENT OF LIMITED KNOWLEDGE**

This Firm's knowledge is limited to the Principal's costs and expenditures directly related to the lobbying activities of the Firm and lobbyists associated with the Firm on the Principal's behalf during the relevant reporting period.