



## Interim Lobbying - Quarterly Expense Report

Received  
**JAN 28 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)
	2013	4 <sup>th</sup>	
Type of Filer			
<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
PRWT/US Facilities		MALIK.MAJEED@PRWT.COM	(215) 569-8810
Permanent Business Address	City	State	Zip Code
1835 MARKET STREET, Ste 800	PHILADELPHIA	PA	19103
<b>03 LOBBYING EXPENDITURES</b>			
<input 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.			
Total Expenditures for Direct Communication		\$ \$0.00	
Total Expenditures for Indirect Communication		\$ \$0.00	
Total Expenditures for Gifts, Hospitality, Transportation and Lodging		\$ \$0.00	
Total Lobbying Expenditures for the Quarter		\$ \$16,875.00	

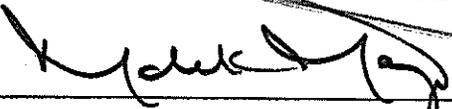
**04 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Direct Communication**

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
Procurement	Facilities Management		N/A Lobbyist paid on retainer... no direct lobbying activities to report for this quarter

**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
Malik Majeed	(215) 569-8810	MALIK.MAJCED@PRWT.COM
SIGNATURE	DATE	
	1-28-2014	

NAME OF PRINCIPAL: PRWT Services, Inc. / US Facilities, 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	
JOANN BELL	JOANN@PUGLIESEASSOCIATES.COM	(215) 977-7209	
Permanent Business Address	City	State	Zip Code
TWO PENN CTR STE 1925 1500 JFK BLVD.	PHILADELPHIA	PA	19102

**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.

<b>AUTHORIZED SIGNATURE</b>	<b>DATE</b>
<i>Joann Bell / est</i>	<i>1-28-2014</i>

**STATEMENT OF LIMITED KNOWLEDGE**

NAME OF PRINCIPAL:

PRWT Services, Inc. / US Facilities, 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	
PUGLIESE ASSOCIATES	LINDA@PUGLIESEASSOCIATES.COM	(717) 238-9078	
Permanent Business Address	City	State	Zip Code
2205 STRAWBERRY SQUARE	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**

*Linda A Tully*

1-28-2014

**STATEMENT OF LIMITED KNOWLEDGE**

Empty box for Statement of Limited Knowledge.