



Received
 JAN 25 2013
 Philadelphia Board of Ethics

Interim Lobbying - Quarterly Expense Report

(Please Type or Print in Ink)			
<input type="checkbox"/> Check Box if AMENDMENT			
01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1-25-13	2012	4	
Type of Filer			
<input checked="" type="checkbox"/> Principal	<input type="checkbox"/> Lobbyist	<input type="checkbox"/> 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 West Park Drive, Suite 200	Brentwood	TN	37027
03 LOBBYING EXPENDITURES			
<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		\$	12,566
Total Expenditures for Indirect Communication		\$	0
Total Expenditures for Gifts, Hospitality, Transportation and Lodging		\$	251
Total Lobbying Expenditures for the Quarter		\$	12,817

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	Prison Health Care Contract	Support	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

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
Scott King	615 376 1323	scott.king@corizonhealth.com
SIGNATURE		DATE
Scott King, CLO		1/22/13

NAME OF PRINCIPAL:

Covizon Health, Inc.

YEAR:

2012

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 South Broad Street, Suite 850	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.
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- 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
	1-25-13

STATEMENT OF LIMITED KNOWLEDGE

Empty box for Statement of Limited Knowledge.

NAME OF PRINCIPAL:

Corizon Health, Inc.

YEAR:

2012

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) 735-6668	
Permanent Business Address		City		State	Zip Code
200 South Broad Street, Suite 850		Philadelphia		PA	19102

LOBBYIST OR LOBBYING FIRM AFFIRMATION

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AUTHORIZED SIGNATURE



DATE

1-25-13

STATEMENT OF LIMITED KNOWLEDGE

NAME OF PRINCIPAL:

Corizon Health, Inc.

YEAR:

2012

QUARTER:

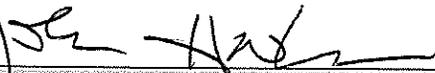
4th

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 C. Hawkins	jhawkins@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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1-25-13

STATEMENT OF LIMITED KNOWLEDGE

NAME OF PRINCIPAL:

Corizon Health, Inc

YEAR:

2012

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	
Beth A. Brennan	bbrennan@woj dak.com	(215) 735-6660	
Permanent Business Address	City	State	Zip Code
200 South Broad Street, Suite 850	Philadelphia	PA	19102

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AUTHORIZED SIGNATURE

Beth A. Brennan

DATE

1-25-13

STATEMENT OF LIMITED KNOWLEDGE