



## Interim Lobbying - Quarterly Expense Report

Received  
**JAN 30 2013**  
 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)          |
| 1/18/2013                                                                                                                                                                           | 2012   | 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                           |
| Kidde                                                                                                                                                                               |        | thomas.sri@utc.com                | (919) 563-5911                         |
| Permanent Business Address                                                                                                                                                          | City   | State                             | Zip Code                               |
| 1016 Corporate Park Dr.                                                                                                                                                             | Mebane | NC                                | 27302                                  |
| <b>03 LOBBYING EXPENDITURES</b>                                                                                                                                                     |        |                                   |                                        |
| <input type="checkbox"/> Total Lobbying Expenses did not exceed \$2,500 during this quarter.<br>If you check this box, leave the rest of this section blank and move to Section 09. |        |                                   |                                        |
| Total Expenditures for Direct Communication                                                                                                                                         |        |                                   | \$ \$7,500.00                          |
| Total Expenditures for Indirect Communication                                                                                                                                       |        |                                   | \$ \$0.00                              |
| Total Expenditures for Gifts, Hospitality, Transportation and Lodging                                                                                                               |        |                                   | \$ \$0.00                              |
| Total Lobbying Expenditures for the Quarter                                                                                                                                         |        |                                   | \$ \$7,500.00                          |

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

| Lobbying Category<br>(Select from the list on page 9) | Specific Subject Matter<br>(Issue, Bill Number) | Position Taken<br>(Support/Oppose/Amend/Proposed/Other) | Name of City Official & Agency |
|-------------------------------------------------------|-------------------------------------------------|---------------------------------------------------------|--------------------------------|
| Housing                                               | Smoke Alarms, Bill No. 120278                   | Support                                                 | Councilman Curtis Jones, Jr.   |
|                                                       |                                                 |                                                         |                                |
|                                                       |                                                 |                                                         |                                |
|                                                       |                                                 |                                                         |                                |
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|                                                       |                                                 |                                                         |                                |



**06 CITY OFFICIALS/EMPLOYEES WHO RECEIVED GIFTS, HOSPITALITY, TRANSPORTATION OR LODGING**

| Name of Recipient<br>City<br>Official/Employee | Department & Position<br>of Recipient City<br>Official/Employee | Description of Item | Value of<br>Item | Date | Place of Receipt | Name & Address of the<br>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 |
|-------------------|---------------------|---------------|------------------|
|                   |                     |               |                  |
|                   |                     |               |                  |
|                   |                     |               |                  |
|                   |                     |               |                  |
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|                   |                     |               |                  |
|                   |                     |               |                  |

**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 |
|---------------------------------------------------------------------------------------------|----------------------------|------------------|--------------------------|
|                                                                                             |                            |                  |                          |
|                                                                                             |                            |                  |                          |
|                                                                                             |                            |                  |                          |
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|                                                                                             |                            |                  |                          |
|                                                                                             |                            |                  |                          |

**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      |
|------------------------------------------------------------------------------------|----------------|--------------------|
| Tom Sri                                                                            | (919) 563-2711 | thomas.sri@utc.com |
| SIGNATURE                                                                          |                | DATE               |
|  |                | 1/22/13            |

NAME OF PRINCIPAL: Kidde

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   |          |
| Bravo Group                       | abela@thebravogroup.com | (717) 214-2200 |          |
| Permanent Business Address        | City                    | State          | Zip Code |
| 20 N. Market Sq., Suite 800       | 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**

*Bin A. [Signature]*

1-29-13

**STATEMENT OF LIMITED KNOWLEDGE**

Bravo Group is only aware of expenses incurred on its behalf.