



Interim Lobbying - Quarterly Expense Report

Received
 JAN 28 2013
 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)
1/17/2013	2012	4th	

Type of Filer

Principal

Lobbyist

Lobbying Firm

02 FILER INFORMATION

Name of Filer	Email Address	Phone Number
The McKissack Group, Inc	jkelly@mckissack.com	(215) 988-9450

Permanent Business Address	City	State	Zip Code
30 South 15th Street, Suite 700	Philadelphia	PA	19102

03 LOBBYING EXPENDITURES

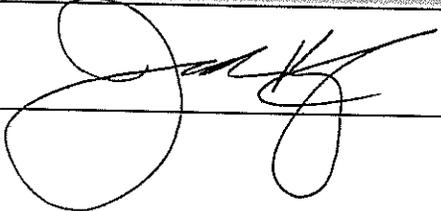
Total Lobbying Expenses did not exceed \$2,500 during this quarter.
 If you check this box, leave the rest of this section blank and move to Section 09.

Total Expenditures for Direct Communication	\$ \$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	\$ \$0.00

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
Jack Kelly	(215) 988-9450	jkelly@mckissack.com
SIGNATURE		DATE
		1/17/13

NAME OF PRINCIPAL:

The McKissack Group, Inc

YEAR:

2012

QUARTER:

4th Qtr

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
Pugliese Associates - Two Penn Center Suite 1925	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.

AUTHORIZED SIGNATURE

DATE

Joann Bell / Ist

1/17/2013

STATEMENT OF LIMITED KNOWLEDGE

My knowledge of the lobbying expenses incurred and/or reported by this principal is limited to the lobbying services I provided on its behalf during this reporting quarter.

NAME OF PRINCIPAL: The McKissack Group, Inc.,

YEAR: 2012

QUARTER: 4th Qtr

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.
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AUTHORIZED SIGNATURE

DATE

Linda A. Tully

1/17/2013

STATEMENT OF LIMITED KNOWLEDGE

Pugliese Associates' knowledge of the lobbying expenses incurred and/or reported by this principal is limited to the lobbying services we provided on its behalf during this reporting quarter.