



Interim Lobbying - Quarterly Expense Report

Received
 FEB 04 2013
 Philadelphia Board of Ethics

(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)
1/29/2013	2012	Q4	
Type of Filer			
<input checked="" type="checkbox"/> Principal		<input checked="" type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbying Firm
02 FILER INFORMATION			
Name of Filer		Email Address	Phone Number
PathWays PA		cgoertzel@pathwayspa.org	(610) 543-5022
Permanent Business Address		City	State
310 Amosland Road		Holmes	PA
			Zip Code
			19043
03 LOBBYING EXPENDITURES			
<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.			
Total Expenditures for Direct Communication			\$ \$287.00
Total Expenditures for Indirect Communication			\$ \$1,812.00
Total Expenditures for Gifts, Hospitality, Transportation and Lodging			\$
Total Lobbying Expenditures for the Quarter			\$ \$2,099.00

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
Other (Earned Sick Days/Autism)	Earned Sick Days	Support	Councilman Dennis O'Brien, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Bill Greenlee, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman W. Wilson Goode, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Bobby Henon, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilwoman Marian Tasco, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Kenyatta Johnson, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilwoman Jannie Blackwell, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Jim Kenney, City Council

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
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Mark Squilla, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Curtis Jones, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Darrell Clarke, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Maria Quinones-Sanchez, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilwoman Cindy Bass, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman Brian O'Neill, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilwoman Bill Greenl, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilman David Oh, City Council
Other (Earned Sick Days)	Earned Sick Days	Support	Councilwoman Blondell Reynolds Brown, City Council

05 LOBBYING CONDUCTED ON BEHALF OF THE PRINCIPAL – Indirect Communication

Lobbying Category (Select from the list on page 9)	Specific Subject Matter (Issue, Bill Number)	Position Taken (Support/Oppose/Amend/Proposed/Other)	Method of Communication	Description of Recipient Group
Other (Earned Sick Days)	Earned Sick Days	Support	email, phone, in-person meetings	Coalition for Healthy Families and Workplaces
Other (Earned Sick Days)	Earned Sick Days	Support	email	PathWays PA E-Newsletter list
Other (Earned Sick Days)	Earned Sick Days	Support	in-person meetings, email, phone	potential Coalition for Healthy Families and Workplaces members
Other (Earned Sick Days)	Earned Sick Days	Support	social media	social media followers
Other (Earned Sick Days)	Earned Sick Days	Support	email, phone	Discuss strategy with Family Values @ Work network

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

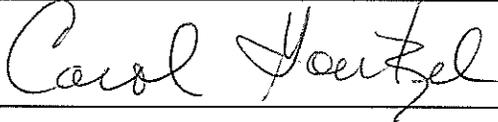
08 SOURCE(S) OF CONTRIBUTIONS TO PRINCIPAL

Name of Individual, Association, Corporation, Partnership, Business Trust or Other Business	Permanent Business Address	City, State, Zip	Daytime Telephone Number
Family Values @ Work	207 E. Buffalo Street, Ste. 211	Milwaukee, WI 53202	(414) 431-0844

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
Carol Goertzel	(610) 543-5022	cgoertzel@pathwayspa.org
SIGNATURE	DATE	
	1/29/13	

NAME OF PRINCIPAL: Carol Goertzel/PathWays PA

YEAR: 2012

QUARTER: Q4

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	
Marianne Bellesorte	mbellesorte@pathwayspa.org	(610) 543-5022	
Permanent Business Address	City	State	Zip Code
310 Amosland Road	Holmes	PA	19043

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>M Bellesorte</i>	<i>1/29/13</i>

STATEMENT OF LIMITED KNOWLEDGE