



## Interim Lobbying - Quarterly Expense Report

Received  
 FEB 06 2013  
 Philadelphia Board of Ethics

(Please Type or Print in Ink)

Check Box if AMENDMENT

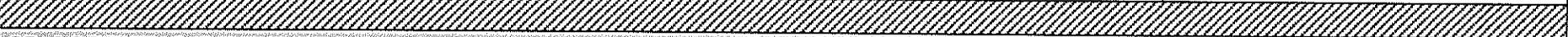
01 Today's Date (month/day/year)	Year	Quarter	PLIS Number (Office Use Only)
1/22/2013	2012	4	

Type of Filer

<input checked="" type="checkbox"/> Principal	<input type="checkbox"/> Lobbyist	<input type="checkbox"/> Lobbying Firm
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**02 FILER INFORMATION**

Name of Filer	Email Address	Phone Number	
Lucy McDonald	lucy.mcdonald@srdc.net	(215) 222-6030	
Permanent Business Address	City	State	Zip Code
129 B South 30th Street	Philadelphia	PA	19104



**03 LOBBYING EXPENDITURES**

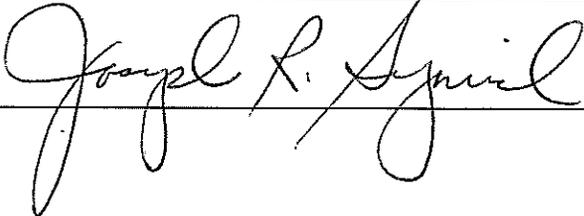
Total Lobbying Expenses did not exceed \$2,500 during this quarter.  
 If you check this box, leave the rest of this section blank and move to Section 09.

Total Expenditures for Direct Communication	\$
Total Expenditures for Indirect Communication	\$
Total Expenditures for Gifts, Hospitality, Transportation and Lodging	\$
Total Lobbying Expenditures for the 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**

<b>NAME</b>	<b>PHONE NUMBER</b>	<b>EMAIL ADDRESS</b>
Joseph R. Synchron	(215) 222-6030	joseph.synchron@srdc.net
<b>SIGNATURE</b>		<b>DATE</b>
		1/22/2013

**NAME OF PRINCIPAL:**

Schuylkill River Development Corporation

**YEAR:**

2012

**QUARTER:**

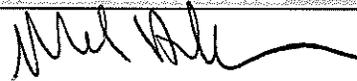
4

**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	
Melissa Heller	mh@commonwealthstrategies.com	(610) 664-1900	
Permanent Business Address	City	State	Zip Code
351 Winding Way	Merion Station	PA	19066

**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
	1/31/13

**STATEMENT OF LIMITED KNOWLEDGE**

Empty box for Statement of Limited Knowledge.