

5. List below amounts for any expenses expended or incurred by the lobbyist during the period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for what purpose.

Amount	Details
\$0	
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

6. List below the cumulative total amounts expended to date for lobbying year:

\$0 _____

(In lieu of completing 7 through 10 below, you may attach a copy of your Lobbyist Registration and Disclosure Form, provided the information has not changed.)

7. List whether and where the lobbyist(s)/lobbying organization is registered as a lobbyist (e.g. Nassau County, New York State):

- Nassau County
- New York State
- New York City

8. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated.

Health Management Systems, Inc.
1450 Broadway, 19th Floor, Suite 810
New York, NY 10018
631-796-1949

9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period.

Healthcare, audit and cost control issues

10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.

Comptroller Jack Schnirman & staff

