

Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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SECRETARY OF THE SENATE  
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## LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name <b>MOLINARI GROUP, LLC</b>			
2. Address <input type="checkbox"/> Check if different than previously reported <b>1010 Forest Avenue</b>			
3. Principal Place of Business (if different from line 2) <b>Staten Island</b> <b>New York 10310</b> City: State/zip (or Country)			
4. Contact Name <b>ROBERT J. SCAMARDELLA</b>	Telephone <b>(718) 442-0900</b>	E-mail (optional)	5. Senate ID #
7. Client Name <input checked="" type="checkbox"/> Self <b>STATEN ISLAND UNIVERSITY HOSPITAL</b>			6. House ID # <b>3678300</b>

**TYPE OF REPORT** 8. Year 2003 Midyear (January 1-June 30)  OR Year End (July 1-December 31)


9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report  ⇨ Termination Date \_\_\_\_\_

11. No Lobbying

### INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center"><b>12. Lobbying Firms</b></p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input checked="" type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center"><b>13. Organizations</b></p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇨ \$ _____ Expenses (nearest \$20,000)</p> <p><b>14. REPORTING METHOD.</b> Check box to indicate exact accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> <b>Method A.</b> Reporting amounts using LDA definition</p> <p><input type="checkbox"/> <b>Method B.</b> Reporting amounts under section 6033(b) Internal Revenue Code</p> <p><input type="checkbox"/> <b>Method C.</b> Reporting amounts under section 162(e) Internal Revenue Code</p>
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Signature  Date 01/21/21

Printed Name and Title ROBERT J. SCAMARDELLA, MEMBER

Registrant Name MOLINARI GROUP, LLC Client Name STATEN ISLAND UNIVERSITY HOSPITAL

**LOBBYING ACTIVITY.** Select as many codes as necessary to reflect the general issue areas in which the registrant is engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each code information as requested. Attach additional page(s) as needed.

15. General issue area code   MED   (one per page)

16. Specific lobbying issues

Seek Federal funds for the expansion of client's emergency room facility

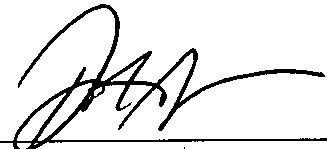
17. House(s) of Congress and Federal agencies contacted  Check if None

Senator Charles Schumer

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
GUY V. MOLINARI	

19. Interest of each foreign entity in the specific issues listed on line 16 above  Check if None

Signature  Date 2/14/07

Printed Name and Title ROBERT J. SCAMARDELLA, Member

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Registrant Name MOLINARI GROUP, LLC Client Name STATEN ISLAND UNIVERSITY HOSPIT

**Information Update Page - Complete ONLY where registration information has changed.**

20. Client new address

21. Client new principal place of business (if different from line 20)

City \_\_\_\_\_ State/Zip (or Country) \_\_\_\_\_

22. New general description of client's business or activities

**LOBBYIST UPDATE**

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

**ISSUE UPDATE**

24. General lobbying issues previously reported that **no longer** pertain

HCR \_\_\_\_\_ MMM \_\_\_\_\_

**AFFILIATED ORGANIZATIONS**

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Bus: (city and state or cour

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

**FOREIGN ENTITIES**

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, c  
affiliated organization

Signature  Date 2/12/07

4  
Printed Name and Title

ROBERT J. SCAMARDELLA, Member

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