

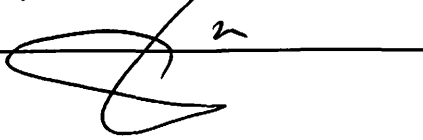
AC 3271-S (Effective 4/12)

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: OCFS
 State Agency Department ID: 3400000
 Contractor Name: *An Sable Rep/Marketing, PLLC*
 Contract Start Date: *8/11/23*
 Agency Business Unit: CFS01
 Contract Number: C10246A (FLPC)
 Contract End Date: *5/31/25*

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
<i>29-1223.00</i>	1.00	<i>2,348</i>	<i>927,460.00</i>
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	0.00	\$ 0.00
Grand Total	<i>1.0</i>	<i>2,348</i>	<i>927,460.00</i>

Name of person who prepared this report: *MARK CATHAM*
 Title: *Sole member, PLLC*
 Preparer's Signature: 
 Date Prepared: *8/29/23*
 Phone #: *617-365-2817*