



New York Temporary State Commission on Lobbying On-Line Lobbyist Registration System



User: Lori Donadio

[Client Semi-Annual Report Menu](#) [Client Menu](#)

Client Semi-Annual Report Help

Form Confirmation #: CSR0000001424

Year of Registration: 2003

Report Period:

Mark one:

January - June

July - December

Type of Lobbying:

NonProcurement Procurement Both Help

Client Information

(To make changes to any of the Client Information, go to "View / Manage the Client Profile" in the Client menu)

Client Name: DELAWARE NORTH COMPANIES, INC.

Business Address 1: 40 FOUNTAIN PLAZA

Business Address 2:

City: BUFFALO

State/Province: NY

Zip Code: 14202

Country: UNITED STATES

Business Phone: (716) 858-5127

Fax Number: (716) 858-5618

Email Address: TBURTON@DNCINC.COM

Chief Administrative Officer First Name: WILLIAM J.

Chief Administrative Officer Last Name: BISSETT

Chief Administrative Officer Title: VICE PRESIDENT

Third Party Beneficiary: Help

Lobbyists Information & Compensation (current period only)

Help

You must report each lobbyist that lobbied on behalf of the client regardless of whether the threshold was exceeded by that lobbyist

or Enter a New Name: POWERS CRANE & COMPANY, LLC

Business Address 1: 90 STATE STREET, STE 1422

Business Address 2:

City: ALBANY

State/Province: NY

Zip: 12210

Phone: (518) 431-0720

Level of Government Lobbied: State Local Both

Type of Lobbyist: Retained Employed Designated

Compensation for current period: \$60,000

Total Compensation of All Lobbyists for Current Period: \$60,000

Other Lobbying Expenses (Current Period Only)



- A. Report in the aggregate all expenses less than or equal to \$75: \$430
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0
- C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

| Paid to | Date | Purpose | Ad? | Social Event? | Amount | Lobby Type |
|--------------|------------|---------------|--------------------------|-------------------------------------|--------|----------------|
| POWERS CRANE | 01/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |
| POWERS CRANE | 02/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |
| POWERS CRANE | 03/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |
| POWERS CRANE | 03/01/2003 | ENTERTAINMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$181 | NonProcurement |
| POWERS CRANE | 04/01/2003 | ENTERTAINMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$95 | NonProcurement |
| POWERS CRANE | 04/01/2003 | ENTERTAINMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$144 | NonProcurement |

| Paid to | Date | Purpose | Ad? | Social Event? | Amount | Lobby Type |
|--------------|------------|---------------|--------------------------|-------------------------------------|--------|----------------|
| POWERS CRANE | 04/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |
| POWERS CRANE | 05/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |
| POWERS CRANE | 05/01/2003 | ENTERTAINMENT | <input type="checkbox"/> | <input checked="" type="checkbox"/> | \$329 | NonProcurement |
| POWERS CRANE | 06/01/2003 | LRS | <input type="checkbox"/> | <input type="checkbox"/> | \$83 | NonProcurement |

D. Total expenses for current period (A+B+C) : \$1,677

Subjects lobbied:

GAMING

Person, State Agency, Municipality or Legislative Body Lobbied:

BOARD, CHAMBER, RACING & WAGERING, NYS SENATE, ASSMEBLY, EXEC.

Bill, Rule, Regulation or Rate Numbers lobbied:

BUDGET

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration



Help

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 10/17/2003

First Name: WILLIAM J.

Last Name: BISSETT

Comments: HC 07-14-03

Fees

Client Semi Annual Report Fee: \$50.00

IMPORTANT: Please note that filing fees are non-refundable. Help

Payment Mode

Check / Cash: Check Number: 0532201559

Workflow

| Date | User | Queue | Comment |
|------------|---------|-----------|--------------------------------|
| 10/17/2003 | JPHELPS | Submitted | Form submitted by the user ... |
| 10/17/2003 | PWADE | Approved | |



New York Temporary State Commission on Lobbying On-Line Lobbyist Registration System

User: Lori Donadio

[Client Semi-Annual Report Menu](#) [Client Menu](#)

Client Semi-Annual Report Help

Form Confirmation #: CSR0000002852

Year of Registration: 2003

Report Period:

Mark one:

January - June

July - December

Type of Lobbying:

NonProcurement Procurement Both  Help

Client Information

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Lobbyists Information & Compensation (current period only)

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or Enter a New Name: POWERS CRANE & COMPANY, LLC

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Business Address 2:

City: ALBANY

State/Province: NY

Zip: 12210

Phone: (518) 431-0720

Level of Government Lobbied: State Local Both

Type of Lobbyist: Retained Employed Designated

Compensation for current period: \$60,000

Total Compensation of All Lobbyists for Current Period: \$60,000

Other Lobbying Expenses (Current Period Only)



Help

A. Report in the aggregate all expenses less than or equal to \$75: \$460

B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0

C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

| Paid to | Date | Purpose | Ad? Social Event? | Amount | Lobby Type | H |
|--------------|------------|---------|---|--------|----------------|---|
| POWERS CRANE | 07/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | |
| POWERS CRANE | 08/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | H |
| POWERS CRANE | 09/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | H |
| POWERS CRANE | 10/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | H |
| POWERS CRANE | 11/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | H |
| POWERS CRANE | 12/01/2003 | LRS | <input type="checkbox"/> <input type="checkbox"/> | \$83 | NonProcurement | H |

| Paid to | Date | Purpose | Ad? | Social Event? | Amount | Lobby Type |
|--------------|------------|---------------|--------------------------|--------------------------|--------|----------------|
| POWERS CRANE | 12/01/2003 | ENTERTAINMENT | <input type="checkbox"/> | <input type="checkbox"/> | \$138 | NonProcurement |



D. Total expenses for current period (A+B+C) : \$1,096

Subjects lobbied:

GAMING

Person, State Agency, Municipality or Legislative Body Lobbied:

EXEC. CHAMBER, RACING &, NYS SENATE, ASSEMBLY, WAGERING BOARD

Bill, Rule, Regulation or Rate Numbers lobbied:

BUDGET

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

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Actual Submission Date

Actual submission date:

Declaration

Help

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 02/06/2004

First Name: WILLIAM J.

Last Name: BISSETT

Comments: HC 01-14-04

Fees

Client Semi Annual Report Fee: \$50.00

IMPORTANT: Please note that filing fees are non-refundable.  **Help**

Payment Mode

Check / Cash: Check Number: 0532202140

Workflow

| Date | User | Queue | Comment |
|------------|---------|------------|--------------------------------|
| 02/06/2004 | JPHELPS | Submitted | Form submitted by the user ... |
| 02/06/2004 | RLAW | Phone Back | ck rec w HC |
| 02/10/2004 | PWADE | Approved | |