

**COMPENSATION REPORTED BY STATE ADVISERS, LLC
FOR 2015**

CLIENT NAME	COMPENSATION REPORTED ON 2015 BIMONTHLY REPORTS	PAGE REFERENCE #
AMERICAN TAX FUNDING SERVICES, LLC	\$10,000	JCOPE 001-015
CAPITAL WIRELESS, LLC	\$80,000	JCOPE 016-030
CEA CAPITAL HOLDINGS	\$90,000	JCOPE 031-042
COSMOLEDO, LLC	\$30,000	JCOPE 043-060
EXTEND FERTILITY, LLC	\$60,000	JCOPE 061-078
FOREVER REALTY, LLC	\$10,000	JCOPE 079-081
PANNONE LOPES DEVEREAUX & WEST, L	\$48,000	JCOPE 082-099
READY PAC FOODS, INC./GROVE CONSUL	\$165,000	JCOPE 100-114
TOWN OF RAMAPO	\$68,000	JCOPE 115-132
VAL TRAN, INC./VMC CONSULTANTS, LP	\$12,000	JCOPE 133-150
TOTAL COMPENSATION	\$573,000	

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247719

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATT
Chief Administrative Officer Last Name: MARINI

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264194

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATT
Chief Administrative Officer Last Name: MARINI

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5397 A7705

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264196

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

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Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATT
Chief Administrative Officer Last Name: MARINI

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5397 A7705

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264197

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
 Business Address 1: 345 JUPITER LAKES BLVD
 Address 2: SUITE 300
 City: JUPITER
 State: FL
 Zip Code: 33458
 Country: US
 Business Phone: (561) 842-2955
 Fax Number: (561) 842-2946
 Chief Administrative Officer First Name: MATT
 Chief Administrative Officer Last Name: MARINI

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5397 A7705

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264198

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

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Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
 Business Address 1: 345 JUPITER LAKES BLVD
 Address 2: SUITE 300
 City: JUPITER
 State: FL
 Zip Code: 33458
 Country: US
 Business Phone: (561) 842-2955
 Fax Number: (561) 842-2946
 Chief Administrative Officer First Name: MATT
 Chief Administrative Officer Last Name: MARINI

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5397 A7705

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247705

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
- March - April
- May - June
- July - August
- September - October
- November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Local
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
 Business Address 1: 300 HAMILTON AVENUE
 Address 2: SUITE B
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 914-202-4979
 Fax Number:
 Chief Administrative Officer First Name: JEFFREY D.
 Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Table with 2 columns: Compensation (Current Period Only), Reimbursed Expenses (Current Period Only). Values: 10000, 0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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Check box to agree with previous statement.

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247706

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

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 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
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 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Local
 Type of Lobbyist: Retained

Additional Lobbyist Information

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
 Business Address 1: 300 HAMILTON AVENUE
 Address 2: SUITE B
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 914-202-4979
 Fax Number:
 Chief Administrative Officer First Name: JEFFREY D.
 Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

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Subject Matter

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

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Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264199

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

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 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Local
 Type of Lobbyist: Retained

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
 Business Address 1: 300 HAMILTON AVENUE
 Address 2: SUITE B
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 914-202-4979
 Fax Number:
 Chief Administrative Officer First Name: JEFFREY D.
 Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264200

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER
Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264203

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Local
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
 Business Address 1: 300 HAMILTON AVENUE
 Address 2: SUITE B
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 914-202-4979
 Fax Number:
 Chief Administrative Officer First Name: JEFFREY D.
 Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Table with 2 columns: Compensation (Current Period Only), Reimbursed Expenses (Current Period Only). Values: 20000, 0.

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253097

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
 Business Address 1: 526 S. MAIN STREET
 Address 2: SUITE 701 A
 City: AKRON
 State: OH
 Zip Code: 44311
 Country: US
 Business Phone: 440-575-0023
 Fax Number: 440-579-0202
 Chief Administrative Officer First Name: KEVAN
 Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA ESD

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264209

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
Business Address 1: 526 S. MAIN STREET
Address 2: SUITE 701 A
City: AKRON
State: OH
Zip Code: 44311
Country: US
Business Phone: 440-575-0023
Fax Number: 440-579-0202
Chief Administrative Officer First Name: KEVAN
Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264210

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
 Business Address 1: 526 S. MAIN STREET
 Address 2: SUITE 701 A
 City: AKRON
 State: OH
 Zip Code: 44311
 Country: US
 Business Phone: 440-575-0023
 Fax Number: 440-579-0202
 Chief Administrative Officer First Name: KEVAN
 Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264202

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
Business Address 1: 526 S. MAIN STREET
Address 2: SUITE 701 A
City: AKRON
State: OH
Zip Code: 44311
Country: US
Business Phone: 440-575-0023
Fax Number: 440-579-0202
Chief Administrative Officer First Name: KEVAN
Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

✓ Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247707

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247708

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253098

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER
Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264204

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
 Business Address 1: 921 BROADWAY
 Address 2:
 City: NEW YORK
 State: NY
 Zip Code: 10271
 Country: US
 Business Phone: 917-209-6177
 Fax Number:
 Chief Administrative Officer First Name: LOU
 Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264206

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264208

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
 Business Address 1: 921 BROADWAY
 Address 2:
 City: NEW YORK
 State: NY
 Zip Code: 10271
 Country: US
 Business Phone: 917-209-6177
 Fax Number:
 Chief Administrative Officer First Name: LOU
 Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER
Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject
Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person
Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

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

No details were entered.

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

No details were entered.

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247709

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ASSEMBLYMAN GOTTFIRED SENATOR HANNON SENATE CENTRAL STAFF

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247710

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE CENTRAL STAFF

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement.

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253106

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ESD FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR GOLDEN SENATOR FLANAGAN ESD

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264212

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
 Business Address 1: 1165 PARK AVENUE
 Address 2: SUITE 2C
 City: NEW YORK
 State: NY
 Zip Code: 10128
 Country:
 Business Phone: 917-837-2852
 Fax Number:
 Chief Administrative Officer First Name: ILAINA
 Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264213

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264214

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
 Business Address 1: 1165 PARK AVENUE
 Address 2: SUITE 2C
 City: NEW YORK
 State: NY
 Zip Code: 10128
 Country:
 Business Phone: 917-837-2852
 Fax Number:
 Chief Administrative Officer First Name: ILAINA
 Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264215

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: FOREVER REALTY LLC
Business Address 1: 23 FRONT STREET, SUITE 1P
Address 2:
City: HEMPSTEAD
State: NY
Zip Code: 11550
Country: US
Business Phone: 516-776-1520
Fax Number:
Chief Administrative Officer First Name: SAMMY
Chief Administrative Officer Last Name: HABIBIAN

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF LAND FROM CLIENT TO NASSAU COUNTY

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY EXECUTIVE NASSAU COUNTY DEPUTY EXECUTIVE DEPUTY NASSAU COUNTY LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247711

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY EXECUTIVE NASSAU COUNTY EXECUTIVE ALBANY COUNTY EXECUTIVE
 ONONDAGA COUNTY EXECUTIVE RENNELAER COUNTY EXECUTIVE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S 285

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247712

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY LEGILSTAIVE CHAIR ONONDAGE LEGISLATIVE CHAIR

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S295 A2032

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253108

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
 Business Address 1: 81 MAIN STREET
 Address 2: SUITE 510
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 401-824-5197
 Fax Number: 401-824-9942
 Chief Administrative Officer First Name: TENO A
 Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ONONDAGA COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement.

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264216

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

HIRING FOR LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ERIE COUNTY ONODAGA COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264219

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

HIRING FOR LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ORANGE COUNTY SUFFOLK COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264220

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

HIRING FOR LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247713

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL

Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
45000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247714

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL

Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
 Business Address 1: 4401 FOXDALE AVE
 Address 2:
 City: IRWINDALE
 State: FL
 Zip Code: 91706
 Country: US
 Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253110

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
 Business Address 1: 1450 BRICKELL AVENUE
 Address 2: 31ST FLOOR
 City: MIAMI
 State: FL
 Zip Code: 33131
 Country: US
 Business Phone: 305-379-2322
 Fax Number: 305-381-4132
 Chief Administrative Officer First Name: JIM
 Chief Administrative Officer Last Name: CAMPBELL

Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264221

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
 Business Address 1: 1450 BRICKELL AVENUE
 Address 2: 31ST FLOOR
 City: MIAMI
 State: FL
 Zip Code: 33131
 Country: US
 Business Phone: 305-379-2322
 Fax Number: 305-381-4132
 Chief Administrative Officer First Name: JIM
 Chief Administrative Officer Last Name: CAMPBELL

Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.

Business Address 1: 4401 FOXDALE AVE

Address 2:

City: IRWINDALE

State: FL

Zip Code: 91706

Country: US

Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264223

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
 Business Address 1: 1450 BRICKELL AVENUE
 Address 2: 31ST FLOOR
 City: MIAMI
 State: FL
 Zip Code: 33131
 Country: US
 Business Phone: 305-379-2322
 Fax Number: 305-381-4132
 Chief Administrative Officer First Name: JIM
 Chief Administrative Officer Last Name: CAMPBELL

Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247715

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100
Fax Number:
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TRACKING LEGISLATIVE BILLS RELATIVE TO TOWN'S OPERATIONS CHANGES TO THE RPTL
 RELATIVE TO TAXATION OF FIBER LINES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER SENATE ASSEMBLY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or
 intended introduction of legislation or a resolution on which you lobbied:

S1077 S295 A2032 BUDGET BILLS .

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

✓ Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247716

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: State
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
 Business Address 1: 237 ROUTE 59
 Address 2:
 City: SUFFERN
 State: NY
 Zip Code: 10901
 Country: US
 Business Phone: 845-357-5100
 Fax Number:
 Chief Administrative Officer First Name: CHRISTOPHER
 Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TRACKING OF LEGISLATIVE BILL RELATED TO TOWN'S OPERATIONS FIBER ASSESSMENT BILL
 NEGOTIATED SALE OF TOWN OBLIGATIONS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY COMPTROLLER'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILLS S295 S1077 A2032

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253112

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: State
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
 Business Address 1: 237 ROUTE 59
 Address 2:
 City: SUFFERN
 State: NY
 Zip Code: 10901
 Country: US
 Business Phone: 845-357-5100
 Fax Number:
 Chief Administrative Officer First Name: CHRISTOPHER
 Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

S1077,295,5646,3821A,3293,3292 A7377,2032,7709,5355A,4200A,4182

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE AND ASSEMBLY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264224

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: State
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
 Business Address 1: 237 ROUTE 59
 Address 2:
 City: SUFFERN
 State: NY
 Zip Code: 10901
 Country: US
 Business Phone: 845-357-5100
 Fax Number:
 Chief Administrative Officer First Name: CHRISTOPHER
 Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264227

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100
Fax Number:
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR GOLDEN

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264229

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: State
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
 Business Address 1: 237 ROUTE 59
 Address 2:
 City: SUFFERN
 State: NY
 Zip Code: 10901
 Country: US
 Business Phone: 845-357-5100
 Fax Number:
 Chief Administrative Officer First Name: CHRISTOPHER
 Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NYS COMPTROLLER SENATOR GOLDEN

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247717

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
- March - April
- May - June
- July - August
- September - October
- November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
 Business Address 1: 9701 NIAGARA FALLS BOULEVARD
 Address 2: SUITE 1A
 City: NIAGARA FALLS
 State: NY
 Zip Code: 14304
 Country: US
 Business Phone: 716-285-6000
 Fax Number: 716-285-1000
 Chief Administrative Officer First Name: CHARLES J.
 Chief Administrative Officer Last Name: GANIM, PHD

Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
 Business Address 1: 9701 NIAGARA FALLS BOULEVARD
 Address 2: SUITE 1A
 City: NIAGRA FALLS
 State: NY
 Zip Code: 14304
 Country: US
 Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247718

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD

Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILLS

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253114

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD

Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
 Business Address 1: 9701 NIAGARA FALLS BOULEVARD
 Address 2: SUITE 1A
 City: NIAGRA FALLS
 State: NY
 Zip Code: 14304
 Country: US
 Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264230

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD

Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
 Business Address 1: 9701 NIAGARA FALLS BOULEVARD
 Address 2: SUITE 1A
 City: NIAGRA FALLS
 State: NY
 Zip Code: 14304
 Country: US
 Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
500	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264231

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD

Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

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Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264235

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

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State: NY
Zip Code: 11530
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Fax Number: 516-794-2726
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Level of Government Lobbied: Both
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Other Lobbying Expenses (Current Period Only)

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First Name: MARLA Last Name: BIER

Comments:
