

NEW YORK STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment

Report Period: January/June July/December

Type of Lobbying: Nonprocurement Procurement Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

 **COPY
HAND DELIVERED**

RECEIVED JAN 29 2013

II Client Information

Name: CHAIN PHARMACY ASSOCIATION OF NYS

Permanent Business Address: 99 WASHINGTON AVE, SUITE 402

City: ALBANY State: NY ZIP code: 12210

Business Phone: (518) 465-7330 Fax Number: (518) 465-0273

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: WEINGARTEN REID & MCNALLY Phone Number: (518) 465-7330
 Address: 99 WASHINGTON AVE, SUITE 402
 City: ALBANY State: NY ZIP code: 12210
 Compensation for current period: \$ 17500 .00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$.00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$.00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 17500 .00

IV Other Expenses (Common Sense Audit Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

C Itemize each expense exceeding \$75:

PAID TO: WEINGARTEN REID MCNALLY	DATE: 08 / 31 / 2012	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSES	AMOUNT: \$898 .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			

PAID TO: WEINGARTEN REID & MCNALLY	DATE: 10 / 31 / 2012	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSES	AMOUNT: \$1115 .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			

Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$2499 .00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: RITE AID PHARMACY
or
Single Source Person's Last Name: First Name:
Address: PO BOX 3165
City: HARRISBURG State: PA ZIP code: 17105
Phone:
Date Contribution Received: 01 / 06 / 2012 Amount of Contribution: \$7500 .00
Date Contribution Received: 03 / 13 / 2012 Amount of Contribution: \$7500 .00
Date Contribution Received: 07 / 24 / 2012 Amount of Contribution: \$7500 .00
Date Contribution Received: 10 / 29 / 2012 Amount of Contribution: \$7500 .00
Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contribution(s) Single Source #2

Single Source Entity's Name: WALGREEN CO
or
Single Source Person's Last Name: First Name:
Address: 104 WILMOT ROAD
City: DEERFIELD State: IL ZIP code: 60015
Phone:
Date Contribution Received: 10 / 05 / 12 Amount of Contribution: \$22500 .00
Date Contribution Received: / / Amount of Contribution: \$.00
Date Contribution Received: / / Amount of Contribution: \$.00
Date Contribution Received: / / Amount of Contribution: \$.00
Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

V

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist/Ex(S) Information (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:			
City:	State:	ZIP code:	
Compensation for current period: \$.00			
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:			
City:	State:	ZIP code:	
Compensation for current period: \$.00			
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:			
City:	State:	ZIP code:	
Compensation for current period: \$.00			

IV Other Expenses (Current, Semi-Annual Period Only)

PAID TO: WEINGARTEN REID & MCNALLY	DATE: 12 / 31 / 2012	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSES	AMOUNT: \$486 .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

Optional Addendum to Schedule V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V **Contributions from Single Source**

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: NATIONAL ASSOCIATION OF CHAIN DRUG STORES

or
Single Source Person's Last Name: First Name:

Address: 413 N. LEE STREET

City: ALEXANDRIA State: VA ZIP code: 22314

Phone:

Date Contribution Received:	01 / 31 / 2012	Amount of Contribution:	\$30000	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 4

Single Source Entity's Name: WALMART PHARMACY

or
Single Source Person's Last Name: First Name:

Address: 702 SW 8TH STREET

City: BENTONVILLE State: AR ZIP code: 72716

Phone:

Date Contribution Received:	02 / 06 / 2012	Amount of Contribution:	\$ 5000	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source #

Single Source Entity's Name:

or
Single Source Person's Last Name: First Name:

Address:

City: State: ZIP code:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

VI Bill, Code, Resolution, Code Number or other description relative to the introduction or intended introduction of legislation or a resolution on which you voted.

PHARMACY, BUDGET & HEALTH ISSUES

Continued on attached pages

VII Bill, Code, Resolution, Code Number or other description relative to the introduction or intended introduction of legislation or a resolution on which you voted.

NYS ASSEMBLY, SENATE, EXECUTIVE AND STATE AGENCIES

Continued on attached pages

VIII Bill, Code, Resolution, Code Number or other description relative to the introduction or intended introduction of legislation or a resolution on which you voted.

A4002 S2802 A4003A S2308A A4004A S2804A A4005 S2805 A4006 S2806
 A4007A S2807A A4008A S2808A A4009A S2809A A4010A S2810A A4011A
 S2811A A4012A S2812A A4013 S2813 A183 A268 A647 A805 A961 A1075
 A1642 A1775 A3334 A3662 A3806 S2820 A3807 A4130 S14

Continued on attached pages

VIII Bill, Code, Resolution, Code Number or other description relative to the introduction or intended introduction of legislation or a resolution on which you voted.

N/A

Continued on attached pages

IX Number of subject matter of Executive Order of Governor/Municipality tabular.

N/A

Continued on attached pages

X Subject Matter of any bills involved in the bill's complete tabular.

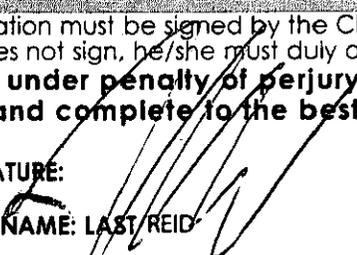
N/A

Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

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

X SIGNATURE:  **DATE:** 1/28/13

PRINT NAME: LAST/REID **FIRST ROBERT**

TITLE: EXECUTIVE DIRECTOR

Mark One: Chief Administrative Officer Designee(Attach Letter)

the following will be assessed to the responsible person for late submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to **\$25** for each day this report is late.