

NY 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: # **2020**

FOR OFFICE USE ONLY

Cjm RECEIVED JAN 25 2013
HAND DELIVERED
130727
END JAN 25 2013
CK# 2020 50

II Client Information

Name: **Coalition for Managed Long-term Care / PACE**

Permanent Business Address: **30 S. Pearl St. 12th Floor**

City: **Albany** State: **ny** ZIP code: **12207**

Business Phone: **(518) 431-6700** Fax Number: **(518) 431-6767**

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: **Manatt Phelps + Phillips** Phone Number: **(518) 431-6700**
 Address: **30 S. Pearl St 12th Floor**
 City: **Albany** State: **ny** ZIP code: **12207**
 Compensation for current period: \$ **75,000 .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): **\$ 75,000 .00**

IV Other Expenses (Current Semi-Annual 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: _____ DATE: / / Ad Social Event

PURPOSE: _____ AMOUNT: \$.00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: _____ DATE: / / Ad Social Event

PURPOSE: _____ AMOUNT: \$.00 *Addendum attached

PROCUREMENT 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: \$ 0 .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: Comprehensive Care Management Corp.

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

Address: 612 Allerton Ave.

City: Bronx State: NY ZIP code: 10467

Phone: (718) 944-4820

Date Contribution Received: <u>7/1 / 2012</u>	Amount of Contribution: \$ <u>7500</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	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: GuildNet

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

Address: 15 West 65th Street

City: New York State: NY ZIP code: 10023

Phone: (212) 769-6215

Date Contribution Received: <u>7/1 / 2012</u>	Amount of Contribution: \$ <u>7500</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ _____ .00
Date Contribution Received: <u>/ /</u>	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:

Designated Addendum sheet for section 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 Source of Funding Disclosure

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: Homefirst, Inc
or
Single Source Person's Last Name: _____ First Name: _____
Address: 6323 Seventh Ave.
City: Brooklyn State: NY ZIP code: 11220-4711
Phone: (718) 921-8066
Date Contribution Received: 7 / 1 / 2012 Amount of Contribution: \$ 7500 .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: Independent Care System
or
Single Source Person's Last Name: _____ First Name: _____
Address: 257 Park Ave South, 2nd Floor
City: New York State: NY ZIP code: 10010-7304
Phone: (212) 584-2544
Date Contribution Received: 7 / 1 / 2012 Amount of Contribution: \$ 7500 .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: Senior Health Partners
or
Single Source Person's Last Name: _____ First Name: _____
Address: 345 East 102nd St Suite 202
City: New York State: NY ZIP code: 10029
Phone: _____
Date Contribution Received: 7 / 1 / 2012 Amount of Contribution: \$ 7500 .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:

Designated Addendum sheet for section 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 Source of Funding Disclosure

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: VNS Choice
or
Single Source Person's Last Name: _____ First Name: _____
Address: 1250 Broadway 11th Floor
City: New York State: ny ZIP code: 10001
Phone: (212) 609-5660
Date Contribution Received: 7 / 1 / 2012 Amount of Contribution: \$ 7500.00
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
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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
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Check here if using section V(C) of the Addendum for additional Contributions:

VI Subjects lobbied:

policies relating to long term care services in nys

Continued on attached pages

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

nys Assembly, nys Senate, Governor's office and relevant state agencies

Continued on attached pages

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

n/a

Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

n/a

Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

n/a

Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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: *Jeanie Cross*

DATE: *1/14/13*

PRINT NAME: LAST *Cross*

FIRST *Jeanie*

TITLE: *Coalition Administrator*

Mark One: Chief Administrative Officer Designee(Attach Letter)

The following MUST be attached to this report at the time of 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.