

# 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: 23272

FOR OFFICE USE ONLY  
ENT'D FEB 05 2013  
HAND DELIVERED  
130905  
RECEIVED JAN 15 2013  
OK# 23272 50- III: (D) \$62,163

## II Client Information

Name: NYS Association of Counties and IT's Affiliated Organizations  
Permanent Business Address: 540 Broadway, 5th Floor  
City: Albany State: NY ZIP code: 12207  
Business Phone: 518-465-1473 Fax Number: 518-465-0506  
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: Stephen Acquario Phone Number: 518-465-1473  
Address: 540 Broadway, 5th Floor  
City: Albany State: NY ZIP code: 12207  
Compensation for current period: \$1122.00

**B** Type of Lobbyist:  Retained  Employed  Designated  
Level of Gov't:  State Lobbying  Local Lobbying  Both  
Name: Dave Lucas Phone Number: 518-465-1473  
Address: 540 Broadway, 5th Floor  
City: Albany State: NY ZIP code: 12207  
Compensation for current period: \$19221.00

**C** Type of Lobbyist:  Retained  Employed  Designated  
Level of Gov't:  State Lobbying  Local Lobbying  Both  
Name: Patrick Cummings Phone Number: 518-465-1473  
Address: 540 Broadway, 5th Floor  
City: Albany State: NY ZIP code: 12207  
Compensation for current period: \$10838.00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$62164.00

### 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: \$ 3969 .00

**C Itemize each expense exceeding \$75:**

PAID TO: West Group DATE: 12 / 31 / 2012  Ad  Social Event  
 PURPOSE: Legislative Research AMOUNT: \$ 5158 .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

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PAID TO: In House Postage DATE: 12 / 31 / 2012  Ad  Social Event  
 PURPOSE: Postage AMOUNT: \$ 806. .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 pe** 15037.00 (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: County Nursing Facilities of New York  
 or  
 Single Source Person's Last Name: First Name:  
 Address: 540 Broadway, 5th Floor State: NY ZIP code: 12207  
 City: Albany  
 Phone: 518-465-1473

Date Contribution Received:	07 / 31 / 2012	Amount of Contribution:	\$ 130 .00
Date Contribution Received:	08 / 31 / 2012	Amount of Contribution:	\$ 130 .00
Date Contribution Received:	09 / 30 / 2012	Amount of Contribution:	\$ 130 .00
Date Contribution Received:	10 / 31 / 2012	Amount of Contribution:	\$ 130 .00
Date Contribution Received:	11 / 30 / 2012	Amount of Contribution:	\$ 130 .00

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

**Contribution(s) Single Source #2**

Single Source Entity's Name: Community Health Foundation of Western & Central NY  
 or  
 Single Source Person's Last Name: First Name:  
 Address: 726 Exchange Street, Suite 518 State: NY ZIP code: 14210  
 City: Buffalo  
 Phone:

Date Contribution Received:	07 / 25 / 2012	Amount of Contribution:	\$ 495.00 .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 Source of Funding Disclosure

## 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:

## Designated Addendum sheet for sections III and IV

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(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.

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Mark LaVigne

Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$2336 .00

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Melissa Tiberio

Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$6417 .00

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Kathryn Vescio

Phone Number: 518-465-1473

Address: 540 Broadway, 5th Floor

City: Albany

State: NY

ZIP code: 12207

Compensation for current period: \$22229 .00

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

PAID TO: In House Copies

DATE: 12 /31 /2012

Ad  Social Event

PURPOSE: Copies

AMOUNT: \$2465 .00

\*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: Time Warner Cable/NY Wired

DATE: 12 /31 /2012

Ad  Social Event

PURPOSE: Internet Services

AMOUNT: \$709 .00

\*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: Time Warner Cable

DATE: 12 /31 /2012

Ad  Social Event

PURPOSE: Phones

AMOUNT: \$1930 .00

\*Addendum attached

PROCUREMENT  NONPROCUREMENT

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

## 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: County Nursing Facilites of New York

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

Address: 540 Broadway, 5th Floor

City: Albany State: NY ZIP code: 12207

Phone: 518-465-1473

Date Contribution Received:	12	/	31	/	2012	Amount of Contribution:	\$ 130.	.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: Municipal Electric & Gas Alliance

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

Address: P.O. Box 88

City: Ithaca State: NY ZIP code: 14851

Phone:

Date Contribution Received:	8	/	24	/	2012	Amount of Contribution:	\$ 1084	.00
Date Contribution Received:	11	/	13	/	2012	Amount of Contribution:	\$ 1231	.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: NACo Financial Services

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

Address: P.O. Box 79007

City: Baltimore State: MD ZIP code: 21279

Phone:

Date Contribution Received:	08	/	02	/	2012	Amount of Contribution:	\$ 150.00	.00
Date Contribution Received:	08	/	09	/	2012	Amount of Contribution:	\$ 891	.00
Date Contribution Received:	11	/	06	/	2012	Amount of Contribution:	\$ 891	.00
Date Contribution Received:	11	/	26	/	2012	Amount of Contribution:	\$ 236	.00
Date Contribution Received:	/	/	/	/	/	Amount of Contribution:	\$	.00

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

**VI** Subjects lobbied:

Issues effecting County government including unfunded mandates

Continued on attached pages

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

Governors Office, NYS Legislature, NYS Comptroller Office, State Agencies and Commissions

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:

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:

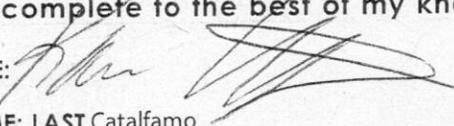
n/a

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:**   
**PRINT NAME: LAST** Catalfamo

**DATE:** 01/15/2013

**FIRST** Karen

**TITLE:** Fiscal/Office Manager

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.

July to December 2012

Bill Numbers

Bill

A10657,
A10706,
A1415,
A1652,
A2651B,
A4282,
A5151,
A5151B,
A7198,
A7205,
A7780,
A8034,
A8110,
A820(2010),
A8291,
A8304,
A9229,
A9383,
A9498,
A9676,
A9711B,

Bill

S1071,
S2467,
S2488,
S2838,
S2839,
S2840,
S3866,
S3866-C,
S44,
S5525,
S5525-C,
S5707,
S5771,
S5898,
S6255
S6399,
S6483,
S667B,
S6826,
S7120,
S7443,
S7641,
S7768,
S9291,

BILL

6 NYCRR 360
16 NYCRR (PSC)
NYCRR PART 360
6 NYCRR
16 NYCRR - 52
16 NYCRR -190
16 NYCRR - 550 to 556
16 NYCRR - 560
16 NYCRR - 750