

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:

FOR OFFICE USE ONLY

Cym Amendment
 Amended: IVC: add exp pd to zap;
 exp. total
 RECEIVED MAR 21 2013
 Amended to add Soft F info.

II Client Information

Name: Food Industry Alliance of NYS, Inc.
 Permanent Business Address: 130 Washington Avenue
 City: Albany State: NY ZIP code: 12210
 Business Phone: 518-434-1900 Fax Number: 518-434-9962
 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: James T. Rogers Phone Number: 518-434-1900

Address: 130 Washington Avenue

City: Albany State: NY ZIP code: 12210

Compensation for current period: \$ 10,000.00

B Type of Lobbyist: Retained Employed Designated

Level of Gov't: State Lobbying Local Lobbying Both

Name: Michael E. Rosen Phone Number: 518-434-8144

Address: 130 Washington Avenue

City: Albany State: NY ZIP code: 12210

Compensation for current period: \$ 14,000.00

C Type of Lobbyist: Retained Employed Designated

Level of Gov't: State Lobbying Local Lobbying Both

Name: Jay Peltz Phone Number: 914-833-1002

Address: 1385 Boston Post Road

City: Larchmont State: NY ZIP code: 10538

Compensation for current period: \$ 10,000.00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 34,000.00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 866 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 3999 .00

C Itemize each expense exceeding \$75:

PAID TO: Zap Courier DATE: 7/19/12 Ad Social Event

PURPOSE: Legislative Memos AMOUNT: \$ 120.00 *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: \$ 4985.00 (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: Acosta Sales + Marketing
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 405 North French Rd #114

City: Anchert State: NY ZIP code: 14028

Phone: _____

Date Contribution Received:	<u>8/15/12</u>	Amount of Contribution:	\$ <u>246</u> .00
Date Contribution Received:	<u>9/15/12</u>	Amount of Contribution:	\$ <u>120</u> .00
Date Contribution Received:	<u>11/15/12</u>	Amount of Contribution:	\$ <u>215</u> .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: Allegiance Retail Services/ Foodtown
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 485E Route 1 South, Suite 170

City: Delin State: NJ ZIP code: 08830

Phone: _____

Date Contribution Received:	<u>9/15/12</u>	Amount of Contribution:	\$ <u>246</u> .00
Date Contribution Received:	<u>12/15/12</u>	Amount of Contribution:	\$ <u>335</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

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: Borghetto's, Lnc.

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

Address: 275 Schoolhouse Road

City: Cheshire State: CT ZIP code: 06410

Phone: _____

Date Contribution Received: 7 115 112 Amount of Contribution: \$ 77 .00

Date Contribution Received: 8 115 112 Amount of Contribution: \$ 21 .00

Date Contribution Received: 9 115 112 Amount of Contribution: \$ 246 .00

Date Contribution Received: 11 115 112 Amount of Contribution: \$ 614 .00

Date Contribution Received: 12 115 112 Amount of Contribution: \$ 338 .00

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

Contributions from Single Source # 4

Single Source Entity's Name: Canada Dry of NY

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

Address: 135 Baylis Road

City: Melville State: NY ZIP code: 11747

Phone: _____

Date Contribution Received: 7 115 112 Amount of Contribution: \$ 120 .00

Date Contribution Received: 9 115 112 Amount of Contribution: \$ 295 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

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

Contributions from Single Source # 5

Single Source Entity's Name: Coca-Cola Refreshments

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

Address: 555 Taxter Rd

City: Elmsford State: NY ZIP code: 10523

Phone: _____

Date Contribution Received: 10 115 112 Amount of Contribution: \$ 154 .00

Date Contribution Received: 11 115 112 Amount of Contribution: \$ 442 .00

Date Contribution Received: 12 115 112 Amount of Contribution: \$ 49 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 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 # 6

Single Source Entity's Name: Con Agria Foods

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

Address: 100 Foxborough Blvd, Ste 230

City: Foxborough State: MA ZIP code: 02035

Phone: _____

Date Contribution Received:	Amount of Contribution:	
<u>7 / 15 / 12</u>	<u>\$ 98</u>	<u>.00</u>
<u>9 / 15 / 12</u>	<u>\$ 246</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>

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

Contributions from Single Source # 7

Single Source Entity's Name: Crossmark

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

Address: 10 Mountainview Road

City: Upper Saddle River State: NJ ZIP code: 07458

Phone: _____

Date Contribution Received:	Amount of Contribution:	
<u>7 / 15 / 12</u>	<u>\$ 100</u>	<u>.00</u>
<u>10 / 15 / 12</u>	<u>\$ 215</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>

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

Contributions from Single Source # 8

Single Source Entity's Name: Del Monte Foods

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

Address: 80 Cedar Nerve

City: Allendale State: NJ ZIP code: 07401

Phone: _____

Date Contribution Received:	Amount of Contribution:	
<u>7 / 15 / 12</u>	<u>\$ 22</u>	<u>.00</u>
<u>8 / 15 / 12</u>	<u>\$ 215</u>	<u>.00</u>
<u>9 / 15 / 12</u>	<u>\$ 98</u>	<u>.00</u>
<u>10 / 15 / 12</u>	<u>\$ 98</u>	<u>.00</u>
<u>1 / 1</u>	<u>\$</u>	<u>.00</u>

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 #39**Single Source Entity's Name: Eastern Fish Companyor
Single Source Person's Last Name: _____ First Name: _____Address: 300 Bank W. Burr Blvd, Suite 30City: Secaucus State: NJ ZIP code: 07664

Phone: _____

Date Contribution Received: 9 / 15 / 12 Amount of Contribution: \$ 123 .00Date Contribution Received: 10 / 15 / 12 Amount of Contribution: \$ 215 .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source # 10**Single Source Entity's Name: Goya Foodsor
Single Source Person's Last Name: _____ First Name: _____Address: 100 Seaview DriveCity: Secaucus State: NJ ZIP code: 07096

Phone: _____

Date Contribution Received: 10 / 15 / 12 Amount of Contribution: \$ 430 .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source # 11**Single Source Entity's Name: Huhtamakior
Single Source Person's Last Name: _____ First Name: _____Address: 9501 Packaging DriveCity: Desoto State: KS ZIP code: 666017

Phone: _____

Date Contribution Received: 9 / 15 / 12 Amount of Contribution: \$ 246 .00Date Contribution Received: 10 / 15 / 12 Amount of Contribution: \$ 246 .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Date Contribution Received: / / Amount of Contribution: \$ _____ .00Check 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 12**Single Source Entity's Name: JM Smuckeror
Single Source Person's Last Name: _____ First Name: _____Address: 103 Syc Blvd.City: Woodcliff Lake State: NJ ZIP code: 07677

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>246</u>	.00
Date Contribution Received:	<u>10 / 15 / 12</u>	Amount of Contribution:	\$ <u>270</u>	.00
Date Contribution Received:	<u>12 / 15 / 12</u>	Amount of Contribution:	\$ <u>49</u>	.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: **Contributions from Single Source # 13**Single Source Entity's Name: Kellogg'sor
Single Source Person's Last Name: _____ First Name: _____Address: 7350 Round Pond RoadCity: Syracuse State: NY ZIP code: 13212

Phone: _____

Date Contribution Received:	<u>10 / 15 / 12</u>	Amount of Contribution:	\$ <u>344</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>154</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

Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source # 14**Single Source Entity's Name: Kraft Foodsor
Single Source Person's Last Name: _____ First Name: _____Address: 12641 Donegal DriveCity: Chesterfield State: VA ZIP code: 23932

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>246</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>154</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

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 # 15

Single Source Entity's Name: Kraft Planters

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

Address: jennifer.bryant@kraftfoods.com

City: _____ State: _____ ZIP code: _____

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>491</u>	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00

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

Contributions from Single Source # 16

Single Source Entity's Name: Grassdale Foods, Inc.

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

Address: 65 West Red Oak Lane

City: White Plains State: NY ZIP code: 10604

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>21</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>491</u>	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00

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

Contributions from Single Source # 17

Single Source Entity's Name: McCormick Company

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

Address: 211 Schilling Circle

City: Hurst Valley State: MD ZIP code: 21042

Phone: _____

Date Contribution Received:	<u>7 / 15 / 12</u>	Amount of Contribution:	\$ <u>215</u>	.00
Date Contribution Received:	<u>8 / 15 / 12</u>	Amount of Contribution:	\$ <u>123</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>129</u>	.00
Date Contribution Received:	<u>1 / 1</u>	Amount of Contribution:	\$ _____	.00
Date Contribution Received:	<u>1 / 1</u>	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 #318**Single Source Entity's Name: Mills Coorsor
Single Source Person's Last Name: _____ First Name: _____Address: 934 Little Baidfield Rd.City: Webster State: NY ZIP code: 14580

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>319</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>215</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

Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source #19**Single Source Entity's Name: Olean Wholesale Grocersor
Single Source Person's Last Name: _____ First Name: _____Address: 1587 Haskell RoadCity: Olean State: NY ZIP code: 14760

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>246</u>	.00
Date Contribution Received:	<u>12 / 15 / 12</u>	Amount of Contribution:	\$ <u>1334</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

Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source #20**Single Source Entity's Name: Pepsi-Cola of NYor
Single Source Person's Last Name: _____ First Name: _____Address: 117-02 15th AvenueCity: College Point State: NY ZIP code: 11356

Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>365</u>	.00
Date Contribution Received:	<u>10 / 15 / 12</u>	Amount of Contribution:	\$ <u>246</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

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 #301

Single Source Entity's Name: Price Chopper Supermarkets
 or
 Single Source Person's Last Name: _____ First Name: _____
 Address: 461 Nott Street
 City: Sch'dy State: NY ZIP code: 12308
 Phone: _____

Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>21</u>	.00
Date Contribution Received:	<u>12 / 15 / 12</u>	Amount of Contribution:	\$ <u>1120</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

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

Contributions from Single Source #22

Single Source Entity's Name: Saundview Paper Company
 or
 Single Source Person's Last Name: _____ First Name: _____
 Address: 1 Market Street
 City: Elmwood Park State: NJ ZIP code: 07407
 Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>246</u>	.00
Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution:	\$ <u>215</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

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

Contributions from Single Source #23

Single Source Entity's Name: Stop & Shop Supermarkets
 or
 Single Source Person's Last Name: _____ First Name: _____
 Address: 087 Bowman Ave
 City: Purchase State: NY ZIP code: 10577
 Phone: _____

Date Contribution Received:	<u>9 / 15 / 12</u>	Amount of Contribution:	\$ <u>120</u>	.00
Date Contribution Received:	<u>10 / 15 / 12</u>	Amount of Contribution:	\$ <u>1044</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

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 #324

Single Source Entity's Name: The Hershey Company
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 14 East Chocolate Ave

City: Hershey

State: PA

ZIP code: 17033

Phone: _____

Date Contribution Received: 7 11 5 11 2 Amount of Contribution: \$ 21 .00

Date Contribution Received: 9 11 5 11 2 Amount of Contribution: \$ 172 .00

Date Contribution Received: 11 11 5 11 2 Amount of Contribution: \$ 215 .00

Date Contribution Received: 12 11 5 11 2 Amount of Contribution: \$ 49 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

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

Contributions from Single Source #25

Single Source Entity's Name: Weis Markets, Inc.

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

Address: 1000 South Second Street

City: Sunbury

State: PA

ZIP code: 17801

Phone: _____

Date Contribution Received: 12 11 5 11 2 Amount of Contribution: \$ 490 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

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

Contributions from Single Source #26

Single Source Entity's Name: White Rose, Inc.

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

Address: 330 Middlesex Road

City: Carteret

State: NJ

ZIP code: 07008

Phone: _____

Date Contribution Received: 8 11 5 11 2 Amount of Contribution: \$ 141 .00

Date Contribution Received: 11 11 5 11 2 Amount of Contribution: \$ 295 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ _____ .00

Date Contribution Received: 1 1 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 #327

Single Source Entity's Name: Windsor Marketing Group

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

Address: Two Industrial Road

City: Windsor Locks State: C.T ZIP code: 06096

Phone: _____

Date Contribution Received:	<u>11 / 15 / 12</u>	Amount of Contribution: \$	<u>273</u>	<u>.00</u>
Date Contribution Received:	<u>12 / 15 / 12</u>	Amount of Contribution: \$	<u>215</u>	<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>

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:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>

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:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
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Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>
Date Contribution Received:	<u>/ /</u>	Amount of Contribution: \$		<u>.00</u>

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

VI Subjects lobbied:

Alcohol Sales: SA Chairman Authority
Bottle law, consumer protection laws -
Suffolk... etc

no changes

Continued on attached pages

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

no changes

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:

no changes

Continued on attached pages

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

no changes

Continued on attached pages

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

no changes

Continued on attached pages

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

no changes

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: James S. Rogers

DATE: 3/20/13

PRINT NAME: LAST Rogers

FIRST James

TITLE: President

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.