

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: 2013

Fill in circle if amendment

Report Period: January/June July/December

Type of Lobbying: Nonprocurement Procurement Both

Client Filing Fee Check Number: #2054

FOR OFFICE USE ONLY

Cjm HAND DELIVERED
 ENTD AUG 08 2013

RECEIVED JUL 15 2013
 132187

CHK# 2054 50-

II Client Information

Name: Coalition for Managed Long-Term Care / PACE
 do Manatt Phelps + Phillips

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, LLP 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: State: ZIP code:

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: State: ZIP code:

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: \$ 51 .00

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

C Itemize each expense exceeding \$75:

PAID TO: Manatt Phelps Phillips DATE: 3 / 23 / 13 Ad Social Event

PURPOSE: lobby day dinner AMOUNT: \$ 1949 .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: \$ 2,000 .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: Centerlight Healthcare

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

Address: 1250 Waters Place, Suite 602

City: Bronx State: NY ZIP code: 10461

Phone: (347) 640-6020

Date Contribution Received:	<u>2 / 1 / 2013</u>	Amount of Contribution: \$	<u>12,500.00</u>
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:

Contribution(s) Single Source #2 Elderserve Health

Single Source Entity's Name:

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

Address: 94 West 225th St. 2nd Floor

City: Bronx State: NY ZIP code: 10463

Phone:

Date Contribution Received:	<u>2 / 1 / 2013</u>	Amount of Contribution: \$	<u>12,500 .00</u>
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:

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: Fidelis Care at Home
or
Single Source Person's Last Name: _____ First Name: _____
Address: 95-25 Queens Blvd.
City: Rego Park State: NY ZIP code: 11374
Phone: (718) 393-6101
Date Contribution Received: 2/1 / 2013 Amount of Contribution: \$ 10,000 .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: BUILDNET
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: 2/1 / 2013 Amount of Contribution: \$ 12,500 .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: Home First, 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: 2/1 / 2013 Amount of Contribution: \$ 12,500 .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: Senior Health Partners
 or
 Single Source Person's Last Name: _____ First Name: _____
 Address: 100 Church St. 17th Floor
 City: New York State: NY ZIP code: 10007
 Phone: (212) 324-5541
 Date Contribution Received: 2 / 1 / 2013 Amount of Contribution: \$ 12,500 .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: 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) 609-5640
 Date Contribution Received: 2 / 1 / 2013 Amount of Contribution: \$ 12,500 .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 Subjects lobbied:
Policies relating to the long-term care services in New York State

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:
S2600B, S3601, S2602, S2603B,
S2604B, S3605B, A3009B, A3008B,
A3007B, A3005B, A3004B, S2606B,
S2608B, A3000B, A3001, A3002,
A3003B

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: *Jeanne Cross* DATE: *7/11/13*
PRINT NAME: LAST *Cross* FIRST *Jeanne*
TITLE: *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.