

# 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  SOURCE OF FUNDING DISCLOSURE

Report Period:  January/June  July/December

Type of Lobbying:  Nonprocurement  Procurement  Both

Client Filing Fee Check Number:

## FOR OFFICE USE ONLY

Cjm

Amendment

RECEIVED III 19 2013

Amended to include Sof F

## II Client Information

Name: INDEPENDENT INSURANCE AGENTS + BROKERS OF NY

Permanent Business Address: 5784 WIDEWATERS PKWY - 1ST FLOOR

City: DEWITT

State: NY

ZIP code: 13214

Business Phone: (800) 851-8853 - x239

Fax Number: (800) 432-0510

Third Party Beneficiary (see instructions):

SEE ON-LINE REPORT

## 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:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$ .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): \$ .00

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

**A** Report in the aggregate all expenses less than or equal to \$75: \$ .00  
**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ .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:** \$ .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: **MERCHANTS INSURANCE GROUP**  
 or  
 Single Source Person's Last Name: First Name:  
 Address: **250 MAIN ST**  
 City: **BUFFALO** State: **NY** ZIP code: **14202-4104**  
 Phone: **800-462-1077**

Date Contribution Received: <b>1 / 22 / 13</b>	Amount of Contribution: <b>\$ 250.</b>	.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:

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

Single Source Entity's Name: **IIABA**  
 or  
 Single Source Person's Last Name: First Name:  
 Address: **127 S. PEYTON ST.**  
 City: **ALEXANDRIA** State: **VA** ZIP code: **22314-2879**  
 Phone: **800-221-7917**

Date Contribution Received: <b>3 / 14 / 13</b>	Amount of Contribution: <b>\$ 34.</b>	.00
Date Contribution Received: <b>4 / 2 / 13</b>	Amount of Contribution: <b>\$ 277</b>	.00
Date Contribution Received: <b>5 / 6 / 13</b>	Amount of Contribution: <b>\$ 50</b>	.00
Date Contribution Received: <b>5 / 10 / 13</b>	Amount of Contribution: <b>\$ 125.</b>	.00
Date Contribution Received: <b>6 / 11 / 13</b>	Amount of Contribution: <b>\$ 34.</b>	.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: SAFECO INSURANCE

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

Address: 1001 4TH AVE - SAFECO PLAZA

City: SEATTLE State: WA ZIP code: 98154-1119

Phone: 206-545-5000

Date Contribution Received:	1 / 18 / 13	Amount of Contribution:	\$ 375.	.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: AGILITY RECOVERY SOLUTION

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

Address: 7621 LITTLE AVE - STE 218

City: CHARLOTTE State: NC ZIP code: 28226-8162

Phone: 704-341-8700

Date Contribution Received:	2 / 7 / 13	Amount of Contribution:	\$ 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 # 5**

Single Source Entity's Name: ASURION

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

Address: 648 GRASSMERE PARK DR., SUITE 300

City: NASHVILLE State: TN ZIP code: 37211

Phone:

Date Contribution Received:	1 / 7 / 13	Amount of Contribution:	\$ 250.	.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:

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

Continued on attached pages

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:

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

Continued on attached pages

Continued on attached pages

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

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

Continued on attached pages

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: *[Signature]* DATE: 7/15/13  
 PRINT NAME: LAST POPPA FIRST RICHARD  
 TITLE: PRESIDENT + CEO

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.

PAID ON-LINE  
 AUTHORIZATION CODE 012967

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