

# 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: **1310**

FOR OFFICE USE ONLY

*Cjm*

**132329**

RECEIVED JUL 16 2013

*late 1 day*

**CR# 1310 \$ 50.00** *VI:CAD*

**II Client Information**

Name: REHABILITATION ASSOCIATION-NYS

Permanent Business Address: 155 Washington Ave, Ste 410

City: Albany State: NY ZIP code: 12210

Business Phone: (518) 449-2976 Fax Number: (518) 426-4329

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: Malkin & Ross Phone Number: (518) 449-3359

Address: 80 State Street, 11th floor

City: Albany State: NY ZIP code: 12207

Compensation for current period: \$17000 .00

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**B** Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Patricia Dowse Phone Number: (518) 449-2976

Address: 155 Washington Ave, Ste 410

City: Albany State: NY ZIP code: 12210

Compensation for current period: \$3701 .00

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**C** Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Jeffrey Wise Phone Number: (518) 449-2976

Address: 155 Washington Ave, Ste 410

City: Albany State: NY ZIP code: 12210

Compensation for current period: \$2072 .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$22773 .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: Malkin & Ross DATE: 06 / 30 / 2013  Ad  Social Event

PURPOSE: Reimbursed Expenses AMOUNT: \$ 659 .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

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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:** \$659 .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: Heritage Center  
or  
Single Source Person's Last Name: First Name:

Address: 101 Oak Street  
City: Buffalo State: NY ZIP code: 14203  
Phone: (716) 856-4201

Date Contribution Received:	12 / 20 / 2012	Amount of Contribution:	\$ 443 .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: Southeast Works  
or  
Single Source Person's Last Name: First Name:

Address: 181 Lincoln Street  
City: Buffalo State: NY ZIP code: 14043  
Phone: 716-683-7100

Date Contribution Received:	12 / 20 / 2012	Amount of Contribution:	\$ 405 .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:**

# 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: Westchester County NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 265 Saw Mill Road

City: Hawthorne

State: NY

ZIP code: 10532

Phone: 914-949-9300

Date Contribution Received: 12 / 20 / 2012 Amount of Contribution: \$1003 .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: Community Services for Dev. Disabled

or  
Single Source Person's Last Name:

First Name:

Address: 180 Oak Street

City: Buffalo

State: NY

ZIP code: 14203

Phone: 716-883-8888

Date Contribution Received: 12 / 12 / 2012 Amount of Contribution: \$ 481 .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: Fedcap Rehabilitation Services, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 211 West 14th Street

City: New York

State: NY

ZIP code: 10011

Phone: 212-727-4384

Date Contribution Received: 12 / 13 / 2012 Amount of Contribution: \$ 481 .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 # 6

Single Source Entity's Name: J.M. Murray Center

or  
Single Source Person's Last Name:

First Name:

Address: 823 NYS Route 3

City: Cortland

State: NY

ZIP code: 13045

Phone: 607-756-9913

Date Contribution Received: 12 / 20 / 2012      Amount of Contribution: \$405      .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 # 7

Single Source Entity's Name: Mountain Lake Services

or  
Single Source Person's Last Name:

First Name:

Address: 10 St Patrick's Place

City: Port Henry

State: NY

ZIP code: 12974

Phone: 518-546-3381

Date Contribution Received: 12 / 20 / 2012      Amount of Contribution: \$ 792      .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 # 8

Single Source Entity's Name: Genesee Co. NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 64 Walnut Street

City: Batavia

State: NY

ZIP code: 14020

Phone: 585-343-1123

Date Contribution Received: 1 / 24 / 2013      Amount of Contribution: \$457      .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 9

Single Source Entity's Name: People, Inc

or  
Single Source Person's Last Name:

First Name:

Address: 1219 Norh Forest Road, PO Box 9033

City: Williamsville

State: NY

ZIP code: 14321

Phone: 716-634-8132

Date Contribution Received: 1 / 25 / 2013 Amount of Contribution: \$973 .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 # 10

Single Source Entity's Name: The Rehabilitation Center

or  
Single Source Person's Last Name:

First Name:

Address: 1439 Buffalo Street

City: Olean

State: NY

ZIP code: 14760

Phone: 716-375-4747

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 792 .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 # 11

Single Source Entity's Name: Fedcap Rehabilitation Services, Inc

or  
Single Source Person's Last Name:

First Name:

Address: 211 14th Street

City: New York

State: NY

ZIP code: 14203

Phone: 212-727-4000

Date Contribution Received: 12 / 12 / 2012 Amount of Contribution: \$481 .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: 12

Single Source Entity's Name: Lifetime Assistance

or  
Single Source Person's Last Name:

First Name:

Address: 425 Paul Road

City: Rochester

State: NY

ZIP code: 14624

Phone: 585-426-4120

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$1003 .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: 13

Single Source Entity's Name: Rochester Rehab Center

or  
Single Source Person's Last Name:

First Name:

Address: 1000 Elmwood Ave

City: Rochester

State: NY

ZIP code: 14620

Phone: 585-271-1894

Date Contribution Received: 2 / 21 / 2013 Amount of Contribution: \$ 405 .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: 14

Single Source Entity's Name: Heritage Christian Services

or  
Single Source Person's Last Name:

First Name:

Address: 349 W. Commercial Street, Suite 2795

City: Rochseter

State: NY

ZIP code: 14445

Phone: 585-340-2000

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$485 .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)

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## 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 13

Single Source Entity's Name: Continuing Developmental Services, Inc

or  
Single Source Person's Last Name:

First Name:

Address: 860 Hard Road

City: Webster

State: NY

ZIP code: 14580

Phone: 585-341-4600

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$973 .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 16

Single Source Entity's Name: Herkimer Area Resource Center

or  
Single Source Person's Last Name:

First Name:

Address: 350 S. Washington Street, PO Box 271

City: Herkimer

State: NY

ZIP code: 13350

Phone: 315-574-7000

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$ 457 .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 17

Single Source Entity's Name: Madison Cortland Chapter NYSARC, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 701 Lenox Ave

City: Oneida

State: NY

ZIP code: 13421

Phone: 315-363-3389

Date Contribution Received: 4 / 15 / 2013 Amount of Contribution: \$629 .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 18

Single Source Entity's Name: Onondaga NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 600 South Wilbur Road

City: Syracuse

State: NY

ZIP code: 13204

Phone: 315-476-7441

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$534 .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 19

Single Source Entity's Name: Oswego Industries

or  
Single Source Person's Last Name:

First Name:

Address: 7 Morrill Place

City: Fulton

State: NY

ZIP code: 13069

Phone: 315-598-3108

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$377 .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 20

Single Source Entity's Name: New Visions

or  
Single Source Person's Last Name:

First Name:

Address: 334 Krumkill Road

City: Slingerlands

State: NY

ZIP code: 12159

Phone: 518-459-0750

Date Contribution Received: 6 / 7 / 2013 Amount of Contribution: \$496 .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 *21*

Single Source Entity's Name: Catholic Charities Disabilities Services

or  
Single Source Person's Last Name:

First Name:

Address: 1 Park Place, Suite 200

City: Albany

State: NY

ZIP code: 12205

Phone: 518-783-1111

Date Contribution Received: 2 / 13 / 2013 Amount of Contribution: \$518 .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 *22*

Single Source Entity's Name: Community Work & Independence, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 303

City: Glens Falls

State: NY

ZIP code: 12801

Phone: 518-793-4700

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$ 377 .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 *23*

Single Source Entity's Name: Fulton Co. NYSARC (Lexington Ctr.)

or  
Single Source Person's Last Name:

First Name:

Address: 127 East State Street

City: Gloversville

State: NY

ZIP code: 12078

Phone: 518-773-7931

Date Contribution Received: 6 / 7 / 2013 Amount of Contribution: \$496 .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 24

Single Source Entity's Name: North Star Industries (Citizens Adv.)

or  
Single Source Person's Last Name:

First Name:

Address: 70 Edgewood Road

City: Saranac Lake

State: NY

ZIP code: 12953

Phone: 518-891-5535

Date Contribution Received:	2	/	13	/	2013	Amount of Contribution:	\$518	.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 25

Single Source Entity's Name: Rensselaer Co. NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 79 102nd

City: Troy

State: NY

ZIP code: 12180

Phone: 518-274-3110

Date Contribution Received:	1	/	24	/	2013	Amount of Contribution:	\$816	.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 26

Single Source Entity's Name: Wildwood Programs

or  
Single Source Person's Last Name:

First Name:

Address: 2995 Curry Road Extension

City: Schenectady

State: NY

ZIP code: 12303

Phone: 518-836-2300

Date Contribution Received:	2	/	1	/	2013	Amount of Contribution:	\$405	.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 *27*

Single Source Entity's Name: Dutchess County Chapter NYSARC

or  
Single Source Person's Last Name:

First Name:

Address: 84 Patrick Lane, Suite 130

City: Poughkeepsie

State: NY

ZIP code: 12603

Phone: 845-635-8084

Date Contribution Received: 1 / 25 / 2013 Amount of Contribution: \$496 .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 *28*

Single Source Entity's Name: Gateway Community Industries

or  
Single Source Person's Last Name:

First Name:

Address: 1 Amy Kay Parkway

City: Kingston

State: NY

ZIP code: 12401

Phone: 845-331-1261

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 408 .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 *29*

Single Source Entity's Name: Jawonio, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 260 N. Little Tor

City: New City

State: NY

ZIP code: 10956

Phone: 845-708-2000

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$ 610 .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 30

Single Source Entity's Name: Occupations, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 15 Fortune Road West

City: Middletown

State: NY

ZIP code: 10941

Phone: 845-692-4454

Date Contribution Received: 12 / 12 / 2012      Amount of Contribution: \$973      .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 31

Single Source Entity's Name: Abilities First, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 70 Overocker Road

City: Poughkeepsie

State: NY

ZIP code: 12603

Phone: 845-485-9803

Date Contribution Received: 1 / 25 / 2013      Amount of Contribution: \$ 481      .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 32

Single Source Entity's Name: Ulster-Greene ARC

or  
Single Source Person's Last Name:

First Name:

Address: 471 Albany Ave

City: Kingston

State: NY

ZIP code: 12401

Phone: 845-331-4300

Date Contribution Received: 1 / 2 / 2013      Amount of Contribution: \$443      .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 33

Single Source Entity's Name: AHRC/New York City

or  
Single Source Person's Last Name:

First Name:

Address: 83 Maiden Lane

City: New York

State: NY

ZIP code: 10038

Phone: 212-780-2500

Date Contribution Received: 1 / 24 / 2013      Amount of Contribution: \$1003      .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 34

Single Source Entity's Name: Federation Employment & Guidance Services

or  
Single Source Person's Last Name:

First Name:

Address: 315 Hudson Street

City: New York

State: NY

ZIP code: 10013

Phone: 212-366-8400

Date Contribution Received: 2 / 7 / 2013      Amount of Contribution: \$ 973      .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 35

Single Source Entity's Name: Lifespire

or  
Single Source Person's Last Name:

First Name:

Address: 1 Whitehall Street, 9th Floor

City: New York

State: NY

ZIP code: 10004

Phone: 212-741-0100

Date Contribution Received: 2 / 1 / 2013      Amount of Contribution: \$1003      .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 36

Single Source Entity's Name: Services for the Underserved-MR Programs, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 305 Seventh Ave

City: New York

State: NY

ZIP code: 10001

Phone: 212-633-6900

Date Contribution Received: 1 / 3 / 2013 Amount of Contribution: \$494 .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 37

Single Source Entity's Name: St. Mary's Hospital for Children

or  
Single Source Person's Last Name:

First Name:

Address: 29-01 216th Street

City: Bayside

State: NY

ZIP code: 11360

Phone: 718-281-8800

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 1003 .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 38

Single Source Entity's Name: Goodwill Industries of Greater NY

or  
Single Source Person's Last Name:

First Name:

Address: 4-21 27th Ave

City: Astoria

State: NY

ZIP code: 11102

Phone: 718-777-6336

Date Contribution Received: 5 / 15 / 2013 Amount of Contribution: \$ 1003 .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 39

Single Source Entity's Name: Queens Centers For Progress

or  
Single Source Person's Last Name:

First Name:

Address: 81-15 164th Street

City: Jamaica

State: NY

ZIP code: 11432

Phone: 718-380-3000

Date Contribution Received: 6 / 7 / 2013 Amount of Contribution: \$816 .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 40

Single Source Entity's Name: Staten Island Aid for Retarded Children

or  
Single Source Person's Last Name:

First Name:

Address: 3450 Victory Blvd

City: Staten Island

State: NY

ZIP code: 10314

Phone:

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 518 .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 41

Single Source Entity's Name: Adults & Children with Learning & DD

or  
Single Source Person's Last Name:

First Name:

Address: 807 South Osyter Bay Road

City: Bethpage

State: NY

ZIP code: 11714

Phone: 516-822-0028

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$973 .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 42

Single Source Entity's Name: Aid to the Developmentally Disabled

or  
Single Source Person's Last Name:

First Name:

Address: 901 East Main Street, Suite 508

City: Riverhead

State: NY

ZIP code: 11901

Phone: 631-727-6220

Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$405 .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 43

Single Source Entity's Name: Maryhaven Voc. Rehab. Center

or  
Single Source Person's Last Name:

First Name:

Address: 51 Terryville Road

City: Port Jefferson Station

State: NY

ZIP code: 11776

Phone: 631-474-4120

Date Contribution Received: 3 / 6 / 2013 Amount of Contribution: \$ 1003 .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 44

Single Source Entity's Name: SCO Family of Services

or  
Single Source Person's Last Name:

First Name:

Address: 1 Alexander Place

City: Glen Cove

State: NY

ZIP code: 11542

Phone: 516-671-1253

Date Contribution Received: 1 / 9 / 2013 Amount of Contribution: \$ 534 .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: UK

Single Source Entity's Name: Chemung ARC

or  
Single Source Person's Last Name:

First Name:

Address: 711 Sullivan Street

City: Elmira

State: NY

ZIP code: 14901

Phone: 607-734-6151

Date Contribution Received: 2 / 21 / 2013      Amount of Contribution: \$610      .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:

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:

# 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:**

**VI** Subjects lobbied:  
Developmentally Disabled and Mental Health Services;  
Funding; Care of Persons with Disabilities

Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:  
NYS SENATE & ASSEMBLY; EXECUTIVE

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:  
S1703/A2006; S2600/A3000; S2603/A3003; S2606/A3006;  
S4777/A6692; S4885/A6962; S5014/A7246

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

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

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: *Patricia Dowse*

DATE: *7/15/13*

PRINT NAME: LAST Dowse

FIRST Patricia

TITLE: COO

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.