

# 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:

FOR OFFICE USE ONLY

*Cjm*

*amendment*

RECEIVED JUL 29 2013

*amended to include Sof F*

RECEIVED 29 2013

**II Client Information**

Name: Society of Anesthesiologists, Inc. (NYS)

Permanent Business Address: 110 E 40th Street, Suite 300

City: New York State: NY ZIP code: 10016

Business Phone: 212-867-7140 Fax Number: 212-867-7153

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: 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: Brookhaven Anesthesia Associates, LLP

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

Address: 250 Patchogue Yaphank Road, Suite 3

City: East Patchogue State: NY ZIP code: 11772

Phone:

Date Contribution Received: 01 / 18 / 2013 Amount of Contribution: \$ 3354 .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: Suffolk Anesthesia Associates

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

Address: 50 Route 25A

City: Smithtown State: NY ZIP code: 11787

Phone:

Date Contribution Received: 01 / 24 / 2013 Amount of Contribution: \$ 1454 .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: Warren Anesthesiologists, P.C.

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

Address: 2 Broad Street Plaza , 3rd Floor - PO Box 155

City: Glens Falls State: NY ZIP code: 12801

Phone:

Date Contribution Received: 01 / 24 / 2013 Amount of Contribution: \$753 .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: Schenectady Anesthesia Associates, P.C.

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

Address: 1201 Nott Street, Suite 106

City: Schenectady State: NY ZIP code: 12308-2590

Phone:

Date Contribution Received: 01 / 24 / 2013 Amount of Contribution: \$ 904 .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: Orange Anesthesia Services, P.C.

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

Address: 682 East Main Street, Suite 18 - PO Box 3118

City: Middletown State: NY ZIP code: 10940

Phone:

Date Contribution Received: 02 / 01 / 2013 Amount of Contribution: \$1345 .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 # 6

Single Source Entity's Name: Riverside Associates in Anesthesia

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

Address: 40 Front Street, Suite C

City: Binghamton State: NY ZIP code: 13905

Phone:

Date Contribution Received: 01 / 29 / 2013 Amount of Contribution: \$ 753 .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: Abbott Anesthesiologist Assoc. P.C.

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

Address: Marian Professional Building, 515 Abbott Road

City: Buffalo State: NY ZIP code: 14220

Phone:

Date Contribution Received: 01 / 29 / 2013 Amount of Contribution: \$ 4607 .00

Date Contribution Received: 02 / 01 / 2013 Amount of Contribution: \$ 1152 .00

Date Contribution Received: 02 / 01 / 2013 Amount of Contribution: \$ 576 .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: Westchester Anesthesiologists, P.C.

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

Address: 800 Westchester Avenue, Suite S-614

City: Rye Brook State: NY ZIP code: 10573

Phone:

Date Contribution Received: 01 / 29 / 2013 Amount of Contribution: \$ 3438 .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 # 9

Single Source Entity's Name: Lenox Hill Medical Anesthesiology, PLLC

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

Address: 210 East 64th Street

City: New York State: NY ZIP code: 10065

Phone:

Date Contribution Received: 01 / 29 / 2013 Amount of Contribution: \$ 4004 .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: Long Island Anesthesia Physicians, LLP

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

Address: 333 Route 25-A, Suite 225

City: Rocky Point State: NY ZIP code: 11778

Phone:

Date Contribution Received: 02 / 01 / 2013 Amount of Contribution: \$ 1683 .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: Park Slope Anesthesia

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

Address: 506 6th Street

City: Brooklyn State: NY ZIP code: 11215

Phone:

Date Contribution Received: 02 / 01 / 2013 Amount of Contribution: \$ 1130 .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 # 12

Single Source Entity's Name: New York Cardiovascular Anesthesiologists, P.C.

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

Address: 100 Port Washington Boulevard

City: Roslyn State: NY ZIP code: 11576

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$ 2448 .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: Anesthesia Associates of St. Francis, P.C.

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

Address: The Atrium at St. Francis; One Webster Avenue, Suite 505

City: Poughkeepsie State: NY ZIP code: 12601

Phone:

Date Contribution Received: 02 / 06 / 2013 Amount of Contribution: \$ 1130 .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: Upstate Medical Anesthesiology Group, Inc.

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

Address: 163 Intrepid Lane, Suite 100

City: Syracuse State: NY ZIP code: 13205

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$ 2335 .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 # 15

Single Source Entity's Name: Buffalo Anesthesia Associates, P.C.

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

Address: 4510 Main Street, Suite 105

City: Amherst State: NY ZIP code: 14226

Phone:

Date Contribution Received:	02 / 06 / 2013	Amount of Contribution: \$ 531	.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: Clinical Practice Management Plan

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

Address: PO Box 1554

City: Stony Brook State: NY ZIP code: 11790

Phone:

Date Contribution Received:	02 / 11 / 2013	Amount of Contribution: \$ 612	.00
Date Contribution Received:	02 / 13 / 2013	Amount of Contribution: \$ 153	.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: Albany Medical Center - Department of Anesthesiology

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

Address: 47 New Scotland Avenue

City: Albany State: NY ZIP code: 12208

Phone:

Date Contribution Received:	02 / 11 / 2013	Amount of Contribution: \$ 452	.00
Date Contribution Received:	02 / 21 / 2013	Amount of Contribution: \$ 678	.00
Date Contribution Received:	03 / 07 / 2013	Amount of Contribution: \$ 151	.00
Date Contribution Received:	03 / 28 / 2013	Amount of Contribution: \$ 101	.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 # 18

Single Source Entity's Name: Anesthesia Group of Albany, P.C.

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

Address: 1450 Western Avenue, Suite 102

City: Albany State: NY ZIP code: 12203

Phone:

Date Contribution Received: 02 / 27 / 2013 Amount of Contribution: \$ 2335 .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: Bedford Anesthesia

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

Address: 110 South Bedford Road, 3rd Floor

City: Mount Kisco State: NY ZIP code: 10549

Phone:

Date Contribution Received: 02 / 11 / 2013 Amount of Contribution: \$ 673 .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: Montefiore-The University Hospital for Albert Einstein College of Medicine - Dep't of Anesthesiology  
or

Single Source Person's Last Name: First Name:

Address: 111 East 210th Street

City: Bronx State: NY ZIP code: 10467

Phone:

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 299 .00

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 285 .00

Date Contribution Received: 02 / 14 / 2013 Amount of Contribution: \$ 598 .00

Date Contribution Received: 02 / 21 / 2013 Amount of Contribution: \$ 299 .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 # 21

Single Source Entity's Name: University of Rochester - Department of Anesthesiology

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

Address: Brooks Landing Business Center; 910 Genesee Street, Suite 200

City: Rochester

State: NY

ZIP code: 14611

Phone:

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 377 .00

Date Contribution Received: 02 / 21 / 2013 Amount of Contribution: \$ 151 .00

Date Contribution Received: 04 / 01 / 2013 Amount of Contribution: \$ 301 .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: Stony Brook Foundation, Inc.

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

Address: PO Box 1511

City: Stony Brook

State: NY

ZIP code: 11790

Phone:

Date Contribution Received: 02 / 13 / 2013 Amount of Contribution: \$ 255 .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: Columbia University - Department of Anesthesiology

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

Address: 622 West 168th Street

City: New York

State: NY

ZIP code: 10032

Phone:

Date Contribution Received: 02 / 11 / 2013 Amount of Contribution: \$ 297 .00

Date Contribution Received: 02 / 12 / Amount of Contribution: \$ 516 .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 # 24

Single Source Entity's Name: Health Research-Roswell Park Division

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

Address: Elm and Carlton Street

City: Buffalo State: NY ZIP code: 14263

Phone:

Date Contribution Received: 02 / 14 / 2013 Amount of Contribution: \$ 380 .00

Date Contribution Received: 02 / 21 / 2013 Amount of Contribution: \$ 152 .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: NY Presbyterian-Weill Cornell Medical Center - Department of Anesthesiology

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

Address: 525 East 68th Street, Box 124

City: New York State: NY ZIP code: 10065

Phone:

Date Contribution Received: 02 / 21 / 2013 Amount of Contribution: \$ 5116 .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: North American Partners in Anesthesia, LLP (NAPA)

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

Address: 68 South Service Road, Suite 350

City: Melville State: NY ZIP code: 11747

Phone:

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$ 19123 .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 # 27

Single Source Entity's Name: NYU School of Medicine - Department of Anesthesiology

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

Address: 550 First Avenue

City: New York

State: NY

ZIP code: 10016

Phone:

Date Contribution Received: 03 / 29 / 2013 Amount of Contribution: \$ 403 .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: Northeastern Anesthesia Services, P.C.

Entity's or Person's Full Name:

Entity's or Person's Address: 118 North Bedford Road, Suite 200; Mount Kisco, NY 10549

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	01	/23	/2013	Amount of Contribution:	\$597	.00
Date Contribution Received:	02	/13	/2013	Amount of Contribution:	\$299	.00
Date Contribution Received:	03	/29	/2013	Amount of Contribution:	\$373	.00

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

Related or Affiliated Entity or Person: Northern Westchester Anesthesia Services, P.C.

Entity's or Person's Full Name:

Entity's or Person's Address: 118 North Bedford Road, Suite 200; Mount Kisco, NY 10549

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:	01	/24	/2013	Amount of Contribution:	\$904	.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:

Continued on attached pages

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

Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

Continued on attached pages

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

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: 

DATE: 7/15/13

PRINT NAME: LAST Hayman

FIRST Stuart A.

TITLE: Executive Director of NYSSA

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.