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.

[Reporting	Information		
Year: 301	3		
Fill in circle if ame	endment ()		
Report Period:	January/June	O July/December	
Type of Lobbying:	Nonprocurement	O Procurement	OBoth
Client Filing Fee Cl	neck Number: 3	94804	

FOR OFFICE USE ON	- Chandana A
Cm	amendment
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amandad RECE	EIVED JUL 15 2013
to linclud	e SOF 15 2013
Cr # 2948	04 \$50.

Name:	AAA	New	York	State				150319100000 A 100000
Permane	nt Business Ad	dress:	1415	Kallum	Plac	_		
City:	gara Phone: 5	In C	13	- 4	State: NY	c)	ZIP code: 11.	530
Business F	Phone: 5	16 8	73.20	259	Fax Number:	(5/4)	873-2355	
Third Part	y Beneficiary (see instructi	ons): N					

Thi	rd Party Beneficiary (see instructions): None	/
An thr	Lobbyist(s) Information & Compensation (Curre y individual or organization that has lobbled on behalf of the client meeshold was exceeded by that individual or organization.	ent Period Only) ust be reported below, regardless of whether the
А	Type of Lobbyist: Retained	O Designated
	Level of Gov't: O State Lobbying O Local Lobbying	Both ✓
	Name: Feathers tonhaugh Wiley & Address: 99 Pine Street	Chrone Number: (5/2) 436 6786
	City: Albang Compensation for current period: \$ 13,000 .00	State: N/ ZIP code: 12207
В	Type of Lobbyist: O Retained O Employed	Designated
	Level of Gov't: O State Lobbying O Local Lobbying	᠑ Both
	Name: John Corlett	Phone Number: (5/6) 873-2259
	Address: 1415 Kellun Places	(3, 3)
	City: Garden City	State: NY ZIP code: 11530
	Compensation for current period: \$ 0 .00	2 0000.
С	Type of Lobbyist: O Retained O Employed	Designated
	Level of Gov't: O State Lobbying O Local Lobbying	Ø Both
	Name: Te Hre, Frediani	Phone Number: (5/6) 873 - 2259
	Address: 1415 /Kyllum Place	
	Name: Jeffre, fredian; Address: 1415 /Kellym Place City: Garden City	State: NY ZIP code: 11530
	Compensation for current period: \$.00	
0	Continued on attached pages	
D	TOTAL COMPENSATION of All laboriets for current period	(A+B+C+addendum sheets): [S 12 as a 00]

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Any individual or ord	Information & lanization that has lobiled individual or organi	pied on behalf						ss of whether the threshol
Type of Lobbyist:	O Retained	O Employe	ed (De:	signate	d		
Level of Gov't:	O State Lobbying	O Local Lo	bbying (B ot	h			
Name: E	Ed Wals	4			Phone	Number:	(516)	873-2259
Address: 14	15, Kellun	Pla	ce					
City: Sa.	-din Cit	3			State:	NY	ZIP C	ode: //530
Compensation fo	r current period: \$	/	.00					
Type of Lobbyist:	O Retained	O Employe	ed () Des	ignate	d		
Level of Gov't:	O State Lobbying	O Local Lo	bbying () Both	1			
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City:					State:		ZIP C	ode:
Compensation fo	r current period: \$.00					
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Level of Gov't:	O State Lobbying	O Local Lo	bbying (O Bot	h			
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Address:						, , , , , , , , , , , , , , , , , , , ,		
City:					State:		ZIP C	ode:
Compensation for	current period: \$.00					
					POLICE SINGS AND		Venezia e Company	
IV Other Expe	nses (Current Se	emi-Annuc	al Perio	6 (O)1	(A)			
PAID TO:			DATE:	/		/	O Ad	O Social Event
PURPOSE:			MOUN	NT: \$.00	O *Adde	endum attached
O PROCUREMENT	O NONPROCUR	EMENT						
PAID TO:			DATE:	/	/	/	O Ad	O Social Event
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PURPOSE:			AMOUN	NT: \$.00	O*Adde	ndum attached
O PROCUREMENT	O NONPROCURE	EMENT		manue (ESAC)				

IV Other Expenses (Current Semi-Annua	l Period (
A Report in the aggregate all expenses less than or equa	ıl to \$75:		\$	45	1	.00
B Report in the aggregate all expenses for salaries of non	-lobbying em	ployees:	\$	18,8	79	.00
C Itemize each expense exceeding \$75:						
PAID TO: LRS	DATE: 0/	131 1	2013	O Ad	0	Social Event
PURPOSE: Compostor 55 Stem O PROCUREMENT NONPROCUREMENT	AMOUNT:	\$ 2987	.00	O *Add	endum	attached
PAID TO:	DATE:	/ /		O Ad	0	Social Event
PURPOSE:	AMOUNT:	\$.00	O *Add	endum	attached
O PROCUREMENT O NONPROCUREMENT			- 19 - 19			
Continued on attached pages						
 If any expense listed above exceeds \$75 for an in expense, dollar amount attributable to the indivi- 	ndividual, yo idual and the	u must atta name, title	ch the ac	ddendum p ployer of th	page listin ne individ	ng the dual.
D Total expenses for current period: \$ 2 3 3/7	.00 (if applic	able, includ	de all expe	enses from (attached	pages in total)
			A SERVICE ASSESSMENTS	Water and the second second second		NATIONAL STREET, STREE
Visource of Funding Disclosure Instructions: In the event only one person or entity is listed.	ad as the Sina	do Sourco fe	or a Contri	ibution(s)	an Cantin	
event multiple persons or entities have bee	en aggregated	d as a Single	Source for	or a Contrib	oution(s),	use Section B.
A Below, list all Contributions received from the received. If more than five Contributions from the received in the contributions from the received in the received from the	om the Single	Source hav	the date e been re	and the an ceived, use	nount of t e section	the Contribution V(C) of the
Addendum for the additional Contributions. Contribution(s) from Single Source #1						
Single Source Entity's Name: AAA New	Yor K	(Auh	01	haf	110.	York)
or Single Source Person's Last Name:		First Nam			Veru	
Address: 1415 Kellum Plac	-	HIST NOT	С.	- 1		
		State: ٨	14		71P CO	de://530
City: Sardin (1/3) Phone: (5/6) 873-2259		Sidic. 7	,		211 CO	de.//) 30
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Contribution(s) Single Source #2			5411			
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or				101		
Single Source Person's Last Name: Address: 100 International L		THST INCHT	C.			
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Phone: 71/2 433 - 9860		51010. X	e /:		211 CO	ac. //as
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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:

Date Contribution Received:

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

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please

make a copy of this sneet.				
V Source of Funding	Disclosure			
A Below, list all C received.	ontributions rec	eived from the S	ingle Source. Include the date and the am	ount of the Contribution
Contributions from Single So	urce #3			2
Single Source Entity's Name				
or Single Source Person's Last N	Name:		First Name:	
Address:				
City:			State:	ZIP code:
Phone:				
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or Single Source Person's Last N Address: 1415 K City: 5add Phone: (516	AAA ame:	Place 13013 13013	Amount of Contribution: \$ 4,82 Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$ Amount of Contribution: \$	ZIP code://530
Contributions from Single Sou	rce #_2			
	AMA	westerne Dr	First Name:	
Phone: $p(x)$	7/6)	433 9	360 State: N /	ZIP code: 1422,
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B Single Source information for a Con-	tribution(s) from mul	tiple, Related, or Affiliated Entitie	es.	
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 fro	m Entity	or Person			
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ontributions from Single Source #2					
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Subjects labbied: The Fire Se Fig 1880 or Consumir of like Laws, DMV 1880 PS, Part Alhority 618 Continued on attached pages	Person, State Agency, Municipality or Legislative Body lobbied. Senate, a estumbly, axective (hamber)
Bill. Rule. Regulation. Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied: 5.396 A 1415 S.343, \$2268, 5.2843, A.99 S.1913, S.2484 5.2472, A.520, S.1511, S.36336, S.512, A.4597, S.3547, S.5656 Continued on attached pages	Title and Identifying Numbers of procurement confracts/documents lobbied:
Number or Subject Matter of Executive Order of Governor/Municipality labbled:	X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied: N/A
O Continued on attached pages	Continued on attached pages
This Declaration This Declaration must be signed by the Chief Administrative (reason, does not sign, he/she must duly designate another policy declare under penalty of perjury that the information correct, and complete to the best of my knowledge (SIGNATURE: PRINT NAME: LAST TITLE: Mark One: © Chief Administrative Officer O De	erson to sign this Declaration.) (See instructions.) ation contained in this report is true, ge and belief.

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.