

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: 294804

FOR OFFICE USE ONLY
Amendment
Cjm
132013
 RECEIVED JUL 15 2013
 amended to include SOF
 CR # 294804 \$50.

II Client Information

Name: AAA New York State
 Permanent Business Address: 1415 Kellum Place
 City: Garden City State: NY ZIP code: 11530
 Business Phone: 516 873-2259 Fax Number: (516) 873-2355
 Third Party Beneficiary (see instructions): None

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: Feathersborough, Wiley, & Co Phone Number: (516) 436 0786
 Address: 99 Pine Street
 City: Albany State: NY ZIP code: 12207
 Compensation for current period: \$ 12,000 .00

B Type of Lobbyist: ☐ Retained ☐ Employed ☒ Designated
 Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both
 Name: John Corlett Phone Number: (516) 873-2254
 Address: 1415 Kellum Place
 City: Garden City State: NY ZIP code: 11530
 Compensation for current period: \$ 0 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☒ Designated
 Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both
 Name: Jeffrey Frediani Phone Number: (516) 873-2259
 Address: 1415 Kellum Place
 City: Garden City State: NY ZIP code: 11530
 Compensation for current period: \$ 0 .00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 12,000 .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.

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.

Type of Lobbyist: ☐ Retained ☐ Employed ☒ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☒ Both

Name: *Ed Welsh*

Phone Number: *(516) 873-2259*

Address: *1415 Kellum Place*

City: *Garden City*

State: *NY*

ZIP code: *11530*

Compensation for current period: \$ *.00*

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*

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*

IV Other Expenses (Current Semi-Annual Period Only)

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

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

PAID TO: DATE: / / ☐ Ad ☐ Social Event

PURPOSE: AMOUNT: \$ *.00* ☐ *Addendum attached

☐ PROCUREMENT ☐ NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 451 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 18,879 .00

C Itemize each expense exceeding \$75:

PAID TO: LRS

DATE: 01 / 31 / 2013

☐ Ad☐ Social Event

PURPOSE: Computer system

AMOUNT: \$ 2987 .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: \$ 23,317 .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: AAA New York (Arb Club of New York)

or
Single Source Person's Last Name:

First Name:

Address: 1415 Kellum Place

City: Garden City

State: NY

ZIP code: 11530

Phone: (516) 873-2259

Date Contribution Received: 01 / 13 / 2013

Amount of Contribution: \$ 4,916 .00

Date Contribution Received: 02 / 13 / 2013

Amount of Contribution: \$ 5,308 .00

Date Contribution Received: 03 / 13 / 2013

Amount of Contribution: \$ 4,965 .00

Date Contribution Received: 4 / 13 / 2013

Amount of Contribution: \$ 5,889 .00

Date Contribution Received: 5 / 13 / 2013

Amount of Contribution: \$ 5,597 .00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name: AAA Western + Central New York

or
Single Source Person's Last Name:

First Name:

Address: 100 Interchange Drive

City: Amherst

State: NY

ZIP code: 14221

Phone: 716 633-9860

Date Contribution Received: 01 / 13 / 2013

Amount of Contribution: \$ 3,974 .00

Date Contribution Received: 02 / 13 / 2013

Amount of Contribution: \$ 3,168 .00

Date Contribution Received: 03 / 13 / 2013

Amount of Contribution: \$ 3,339 .00

Date Contribution Received: 04 / 13 / 2013

Amount of Contribution: \$ 3,057 .00

Date Contribution Received: 05 / 13 / 2013

Amount of Contribution: \$ 2,311 .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:

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 # 1

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State: NY

ZIP code: 11530

Phone:

Date Contribution Received:	06	13	12013	Amount of Contribution: \$	4,825	.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 # 2

Single Source Entity's Name:

or

Single Source Person's Last Name:

First Name:

Address:

City:

State: NY

ZIP code: 14221

Phone:

Date Contribution Received:	04	13	12013	Amount of Contribution: \$	2,475	.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:

Traffic Safety issues,
Consumer related Laws,
DMV issues, Port Authority bills

☐ Continued on attached pages
VII Person, State Agency, Municipality or Legislative Body lobbied:

Senate, assembly,
executive chamber

☐ Continued on attached pages
VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S. 396, A. 1415, S. 343, S. 2268,
S. 2813, A. 99, S. 1913, S. 2484,
S. 2472, A. 520, S. 1511, S. 3033a,
S. 572, A. 4597, S. 3547, S. 5656

☐ Continued on attached pages
VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages
X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

N/A

☐ Continued on attached pages
XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:

PRINT NAME: LAST

TITLE:

Mark One:

☒

Chief Administrative Officer

☐

Designee (Attach Letter)

DATE:

FIRST

Dennis Crossley
Assistant Secretary

7/11/2013

Dennis

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.