



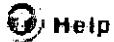
# New York Temporary State Commission on Lobbying On-Line Lobbyist Registration System



User: Lori Donadio

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## Lobbyist Bi-Monthly Report



Form Confirmation #: LBR0000000813

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Year of registration: 2003

Report Period:

Mark one:

- January - February
- March - April
- May - June (Semi-Annual)
- July - August
- September - October
- November - December (Semi-Annual)

### Principal Lobbyist Information

**Principal Lobbyist Name:** POWERS CRANE & COMPANY, LLC  
**Business Address 1:** 90 STATE STREET  
**Business Address 2:** SUITE 1422  
**City:** ALBANY  
**State/Province:** NY  
**Zip Code:** 12207  
**Business Phone:** (518) 431-0720  
**Fax Number:** (518) 431-0721  
**Email Address:** ANKOSIER@POWERSCRANECO.COM  
**Type of Lobbying:** NonProcurement  
**Level of Government you will lobby:** State  
**Type of Lobbyist:** Retained

### Additional Lobbyists



First Name	Last Name
SESAME	CAMPBELL
CONSTANCE	CRANE
JUDITH	KLEIN
ANDREA	KOSIER

MATTHEW POWERS.  
 WILLIAM POWERS

**Client Information**

**Client Business Name:** DUANE READE, INC.

**Business Address 1:** 440 NINTH AVENUE

**Business Address 2:**

**City:** NEW YORK

**State/Province:** NY

**Zip Code:** 10001

**Country:** UNITED STATES

**Business Phone:** (212) 273-5707

**Fax Number:** (212) 494-8299

**Chief Administrative Officer First Name:** GARY

**Chief Administrative Officer Last Name:** CHARBONEAU

**Chief Administrative Officer Title:** SENIOR VICE PRESIDENT

— Third party information —

**Name:**

**Business Address 1:**

**Business Address 2:**

**City:**

**State/Province:**

**Zip Code:**

**Country:**

**Business Phone:**

**Summary of Compensation and Reimbursed Expenses for this period:**



**Compensation  
 (Current Period Only)**  
 \$6,000

**Reimbursed Expenses  
 (Current Period Only)**  
 \$354

**Lobbying Expenses (Current Period Only)**

 Help

- A. Report in the aggregate all expenses less than or equal to \$75: \$188
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0
- C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	01/01/2003	LEGISLATIVE REPORTING	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	02/01/2003	LEGISLATIVE REPORTING	<input type="checkbox"/>	<input type="checkbox"/>	\$83

D. Total expenses for current period (A+B+C) : \$354

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

NYS ASSEMBLY, NYS DEPT OF HEALTH, NYS EXECUTIVE CHAMBER, NYS SENATE

Bill, Rule, Regulation or Rate Numbers on which you lobbied:

BUDGET 2003

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration



Help

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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 03/13/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

Date	User	Queue	Comment
03/13/2003	LB000110	Submitted	Form submitted by the user ...
03/14/2003	CIRISH	Approved	

WILLIAM

POWERS

Client information

Client Business Name: DUANE READE, INC.

Business Address 1: 440 NINTH AVENUE

Business Address 2:

City: NEW YORK

State/Province: NY

Zip Code: 10001

Country: UNITED STATES

Business Phone: (212) 273-5707

Fax Number: (212) 494-8299

Chief Administrative Officer First Name: GARY

Chief Administrative Officer Last Name: CHARBONEAU

Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:

Business Address 1:

Business Address 2:

City:

State/Province:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:



Compensation  
(Current Period Only)  
\$6,000

Reimbursed Expenses  
(Current Period Only)  
\$668

Lobbying Expenses (Current Period Only)



- A. Report in the aggregate all expenses less than or equal to \$75: \$141
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0
- C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

Paid to	Date	Purpose	Ad?	Social Event?	Amount
CARMINE'S	03/05/2003	ENTERTAINMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$178

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	04/01/2003	LRS	<input type="checkbox"/>	<input type="checkbox"/>	\$166

Paid to	Date	Purpose	Ad?	Social Event?	Amount
MCGUIRE'S	03/01/2003	ENTERTAINMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$100

Paid to	Date	Purpose	Ad?	Social Event?	Amount
SAVANNAH'S	03/01/2003	ENTERTAINMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$83

D. Total expenses for current period (A+B+C) : \$668

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

DOH, EXECUTIVE CHAMBER, NYS SENATE & ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:

A2268, A3867, A4386, A4858, A5491, A5561, A5579, A6047, A6920, S1043, S1087, A674, A1915, A1983, A2104, BUDGET 2003, S1088, S1102, S1194, S1227, S1228, S1229, S1404, S1879, S1941, S2840

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration



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.  
(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 05/14/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

Date	User	Queue	Comment
05/14/2003	LB000110	Submitted	Form submitted by the user ...
05/19/2003	HGRIEVES	Approved	



# New York Temporary State Commission on Lobbying On-Line Lobbyist Registration System



User: Lori Donadio

[Lobbyist Registration Details Menu](#) [Lobbyist Menu](#)

## Lobbyist Bi-Monthly Report



Form Confirmation #: LBR0000004401

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Year of registration: 2003

Report Period:

Mark one:

- January - February
- March - April
- May - June (Semi-Annual)
- July - August
- September - October
- November - December (Semi-Annual)

### Principal Lobbyist Information

Principal Lobbyist Name: POWERS CRANE & COMPANY, LLC

Business Address 1: 90 STATE STREET

Business Address 2: SUITE 1422

City: ALBANY

State/Province: NY

Zip Code: 12207

Business Phone: (518) 431-0720

Fax Number: (518) 431-0721

Email Address: ANKOSIER@POWERSCRANECO.COM

Type of Lobbying: NonProcurement

Level of Government you will lobby: State

Type of Lobbyist: Retained

### Additional Lobbyists



First Name	Last Name
CONSTANCE	CRANE
JUDITH	KLEIN
ANDREA	KOSIER
MATTHEW	POWERS



WILLIAM

POWERS

Client Information

Client Business Name: DUANE READE, INC.

Business Address 1: 440 NINTH AVENUE

Business Address 2:

City: NEW YORK

State/Province: NY

Zip Code: 10001

Country: UNITED STATES

Business Phone: (212) 273-5707

Fax Number: (212) 494-8299

Chief Administrative Officer First Name: GARY

Chief Administrative Officer Last Name: CHARBONEAU

Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:

Business Address 1:

Business Address 2:

City:

State/Province:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:



Compensation  
(Current Period Only)  
\$6,000

Reimbursed Expenses  
(Current Period Only)  
\$695

Lobbying Expenses (Current Period Only)



- A. Report in the aggregate all expenses less than or equal to \$75: \$144
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0
- C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	05/01/2003	LEGIS REP	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	06/01/2003	LEGIS REP	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
NICOLES	05/01/2003	ENTERTAINMENT	<input type="checkbox"/>	<input checked="" type="checkbox"/>	\$385

D. Total expenses for current period (A+B+C) : \$695

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

NYS EXECUTIVE BRANCH, NYS SENATE, NYS ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:

A2268, A3867, A4386, A2663, A2709, A6851, A8017, A4858, A5491, A5561, A5579, A6047, A6920, S1043, S1087, A674, A1915, A1983, A2104, A8576, A8603, A8760, A8782, A8816, A8981, S505, S559, BUDGET 2003, S1088, S1102, S1194, S1227, S1228, S1229, S1404, S1286, A4159, S4763, S4824, S1879, S1941, S2840, S5081 S5151

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration



Help

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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 07/02/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

Date	User	Queue	Comment
07/02/2003	LB000110	Submitted	Form submitted by the user ...
07/30/2003	CIRISH	Approved	
07/30/2003	CIRISH	Approved	



# New York Temporary State Commission on Lobbying On-Line Lobbyist Registration System



User: Lori Donadio

[Lobbyist Registration Details Menu](#) [Lobbyist Menu](#)

## Lobbyist Bi-Monthly Report



Form Confirmation #: LBR0000006880  
Print a copy of this page for your records.

Year of registration: 2003

Report Period:

Mark one:

- January - February
- March - April
- May - June (Semi-Annual)
- July - August
- September - October
- November - December (Semi-Annual)

### Principal Lobbyist Information

Principal Lobbyist Name: POWERS CRANE & COMPANY, LLC  
 Business Address 1: 90 STATE STREET  
 Business Address 2: SUITE 1422  
 City: ALBANY  
 State/Province: NY  
 Zip Code: 12207  
 Business Phone: (518) 431-0720  
 Fax Number: (518) 431-0721  
 Email Address: ANKOSIER@POWERSCRANECO.COM  
 Type of Lobbying: NonProcurement  
 Level of Government you will lobby: State  
 Type of Lobbyist: Retained

### Additional Lobbyists



First Name	Last Name
CONSTANCE	CRANE
JUDITH	KLEIN
ANDREA	KOSIER
MATTHEW	POWERS

WILLIAM

POWERS

Client Information

Client Business Name: DUANE READE, INC.

Business Address 1: 440 NINTH AVENUE

Business Address 2:

City: NEW YORK

State/Province: NY

Zip Code: 10001

Country: UNITED STATES

Business Phone: (212) 273-5707

Fax Number: (212) 494-8299

Chief Administrative Officer First Name: GARY

Chief Administrative Officer Last Name: CHARBONEAU

Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:

Business Address 1:

Business Address 2:

City:

State/Province:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:



Compensation  
(Current Period Only)  
\$6,000

Reimbursed Expenses  
(Current Period Only)  
\$315

Lobbying Expenses (Current Period Only)



- A. Report in the aggregate all expenses less than or equal to \$75: \$149
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$0
- C. Itemize all expenses exceeding \$75:

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	07/01/2003	LEGIS. RETRIEVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	08/01/2003	LEGIS. RETRIEVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$83

D. Total expenses for current period (A+B+C) : \$315

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

DOH, EXECUTIVE CHAMBER, NYS SENATE & ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:

A2268, A3867, A4386, A2663, A2709, A6851, A8017, A4858, A5491, A5561, A5579, A6047, A6920, S1043, S1087, A674, A1915, A1983, A2104, A8576, A8603, A8760, A8782, A8816, A8981, S505, S559, BUDGET 2003, S1088, S1102, S1194, S1227, S1228, S1229, S1404, S1286, A4159, S4763, S4824, S1879, S1941, S2840, S5081 S5151

Title and identifying # of procurement contracts and documents on which you expect to lobby:

Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

**Declaration**

**Help**

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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 09/09/2003

First Name: CONSTANCE

Last Name: CRANE

**Comments:**

**Workflow**

Date	User	Queue	Comment
09/09/2003	LB000110	Submitted	Form submitted by the user ...
09/10/2003	CIRISH	Approved	