

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 #: LBR0000000813

Print a copy of this page for your records.

Year of registration: 2003

Report Period:

Mark one:

January - February

O March - April

O May - June (Semi-Annual)

O July - August

C) September - October

O 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:

🕜 Help

Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)

\$6,000

\$354

② Help					
B. Report in the	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 Check box to		rt for this period. us statement or enter expens	ses below		
Paid to	Date	Purpose	Ad? Social Event?	Amount	
LRS	01/01/2003	LEGISLATIVE REPORTING		\$83	
Paid to	Date	Purpose	Ad? Social Event?	Amount	
LRS	02/01/2003	LEGISLATIVE REPORTING		\$83	
		·			
D. Total expense	s for current perio	od (A+B+C) : \$354		v	
Subjects on whi	ch you lobbied:				
PHARMACY ISSUES	S				
Person, State Ag	gency, Municipal	lity or Legislative Body Id	obbied:		
NYS ASSEMBLY, N	YS DEPT OF HEAL	TH, NYS EXECUTIVE CHAM	IBER, NYS SENATE		
Bill, Rule, Reguia	ation or Rate Nu	mbers on which you lobk	oied:		
BUDGET 2003					
Title and Identify	ring # of procure	ement contracts and docu	ıments on which	you expect to lobby:	
☑ Check if none I	obbied				
Number or Subje	ect Matter of Exe	cutive Order of Governor	r/Municipality on	which you expect to lobby:	
☑ Check if none l	obbied				
Subject Matter of	f and Tribes invo	olved in tribal-state comp	acts, etc on whic	h you expect to lobby:	
☑ Check if none le	obbied				
Actual Submiss	sion Date				
Acti	ual submission da	ite:			

Declaration

(a) 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:

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:

🚱 Help

Compensation (Current Period Only)

Reimbursed Expenses (Current Period Only)

\$6,000

\$668



A. Report in the aggreg B. Report in the aggreg C. Itemize all expenses	ate all expens	ses for salaries of non			\$141 \$0
I have no itemized expen Check box to agree		for this period. statement or enter ex	pense	s below	
Paid to	Date	Purpose	Ad?	Social	Amount
CARMINE'S	03/05/2003	ENTERTAINMENT			\$178
Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	04/01/2003	LRS			\$166
Paid to	Date	Purpose	Ad?	Social Event?	Amount
MCGUIRE'S	03/01/2003	ENTERTAINMENT		\Box	\$100
Paid to	Date	Purpose	Ad?	Social Event?	Amount .
SAVANNAH'S	03/01/2003	ENTERTAINMENT		<u> </u>	\$83
D. Total expenses for current period (A+B+C) : \$668					
Subjects on which you	ı lobbied:				
PHARMACY ISSUES					
Person, State Agency,	Municipality	y or Legislative Bod	y lobi	bied:	
DOH, EXECUTIVE CHAMB	ER, NYS SEN	ATE & ASSEMBLY			
Bill, Rule, Regulation or Rate Numbers on which you lobbled:					
A2268, A3867, A4386, A485 A1983, A2104, BUDGET 20 S2840					
Title and Identifying # 6	of procurem	ent contracts and d	ocum	ents on which yo	u expect to lobby:
Check if none lobbied	☑ Check if none lobbied				
Number or Subject Mat	ter of Execu	itive Order of Gover	nor/N	lunicipality on wh	ich you expect to labby:
Check if none lobbied					

Cultinas Bankson of must 3	ribes involved in tribal-state c	ampacte atc an which	vou expert to lobby
Subject Matter of and	ribes involved in tribai-state c	ompacts, etc on which	you expect to loopy.

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration

(a) 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: 05/14/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

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

🕡 Help

Form Confirmation #: LBR0000004401

Print a copy of this page for your records.

Year of registration: 2003

Report Period:

Mark one:

O January - February

O March - April

May - June (Semi-Annual)

O July - August

O September - October

O 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:

12207

Zip Code:

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:

(a) Help

Compensation (Current Period Only)

Reimbursed Expenses (Current Period Only)

\$6,000

\$695



 A. Report in the aggregate all expenses less than or equal to \$75: B. Report in the aggregate all expenses for salaries of non-lobbying employees: C. Itemize all expenses exceeding \$75: 				\$144 \$0
I have no itemized exp	•	for this period. statement or enter ex	penses below	
Paid to	Date	Purpose	Ad? Social Event?	Amount
LRS	05/01/2003	LEGIS REP		\$83
Paid to	Date	Purpose	Ad? Social Event?	Amount
LRS .	06/01/2003	LEGIS REP		\$83
Paid to	Date	Purpose	Ad? Social Event?	Amount .
NICOLES	05/01/2003	ENTERTAINMENT		\$385
D. Total expenses fo	r current period	(A+B+C): \$695		
Subjects on which y	ou lobbied:			
PHARMACY ISSUES				
Person, State Agend	cy, Municipalit	y or Legislative Boo	ly lobbied:	
NYS EXECUTIVE BRAN	CH, NYS SENAT	E, NYS ASSEMBLY		
Bill, Rule, Regulation	n or Rate Num	bers on which you	obbied:	
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 procurem	ent contracts and d	ocuments on which	you expect to lobby:
Check if none lobbi	ied			
Number or Subject N	Natter of Execu	itive Order of Gove	rnor/Municipality on	which you expect to lobby:
Check if none lobbi	Check if none lobbied			
Subject Matter of and	d Tribes involv	ed in tribal-state co	mpacts, etc on whic	h you expect to lobby:
✓ Check if none lobbi	ed			

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.

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Check box to agree with previous statement

Date: 07/02/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

J	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:

C January - February

O March - April

O May - June (Semi-Annual)

July - August

O September - October .

O November - December (Semi-Annual)

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City: ALBANY

State/Province:

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

POWER\$

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:

🚱 Help

Compensation (Current Period Only)

Reimbursed Expenses (Current Period Only)

\$6,000

\$315



A. Report in the aggreg B. Report in the aggreg C. Itemize all expenses	ate all expens	es for salaries of non			\$149 \$0
I have no itemized expen Check box to agree		or this period. statement or enter ex	pense	s below	
Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	07/01/2003	LEGIS. RETRIEVAL			\$83
Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	08/01/2003	LEGIS. RETRIEVAL			\$83
D. Total expenses for o	current nerind	/A+B+C\ : \$315			
Subjects on which yo		(7.5.0). 0010			
	u loppieu.				
PHARMACY ISSUES					
Person, State Agency	, Municipality	y or Legislative Boo	ly lob	bied:	
DOH, EXECUTIVE CHAME	BER, NYS SEN	ATE & ASSEMBLY			
Bill, Rule, Regulation	or Rate Num	bers on which you	iobbi	ed:	
A2268, A3867, A4386, A26 A6920,S1043, S1087, A674 S505, S559, BUDGET 2003 S4763, S4824, S1879,S194	4, A1915, A198 3, S1088, S110	3, A2104, A8576, A860 2, S1194, S1227, S122)3, A8	760, A8782, A881	16, A8981,
Title and Identifying #	of procurem	ent contracts and c	locur	nents on which	n you expect to lobby:
Check if none lobbie	d				
Number or Subject Ma	atter of Execu	utive Order of Gove	rnor/i	Municipality or	n which you expect to lobby:
Check if none lobbie	d				
Subject Matter of and	Tribes involv	ved in tribal-state co	ompa	cts, etc on whi	ich you expect to lobby:
Check if none lobbied	d				
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: 09/09/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

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