

STATE ADVISERS, LLC LATE FILINGS PRIOR TO 2011

REGISTRATION PERIOD	FILING	BIMONTHLY PERIOD	DUE DATE	DATE FILED	# OF DAYS LATE	PAGE REFERENCE #
AMERICAN TAX FUNDING						
2007-2008	Registration Statement		8/15/08	11/5/08	80	JCOPE 001-003
	2008 Bimonthly	July/August	9/15/08	11/5/08	51	JCOPE 004-006
		Nov/Dec	1/15/09	2/16/09	32	JCOPE 007-009
BIG BELLY SOLAR						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 010-012
BLACKBOARD						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 013-015
HUDSON BAYLOR CORP.						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 016-018
PARKS BY NATURE						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 019-021
ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY						
2009-2010	Registration Statement		1/4/09	1/18/09	14	JCOPE 022-024
	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 025-027
TOWN OF RAMAPO						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 028-030
UTILITY SERVICE CO., INC.						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 031-033
VADAR SYSTEMS						
2009-2010	2010 Bimonthly	Nov/Dec	1/18/11	1/19/11	1	JCOPE 034-036
2007-2008	Registration Statement		8/15/08	11/5/08	80	JCOPE 037-039
	2008 Bimonthly	July/August	9/15/08	11/5/08	51	JCOPE 040-042
		Nov/Dec	1/15/09	2/16/09	32	JCOPE 043-045
TOTAL LATE FILINGS					15	

Lobbyist Registration Form

Form Confirmation #: LR00014871

Year of Registration: 2007-2008

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2:
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING LLC
Business Address 1: 345 JUPITER LAKES BOULEVARD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 841-3126
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: JUSTIN
Chief Administrative Officer Last Name: WEISENBACHER
Chief Administrative Officer Title: PRESIDENT

Third party information

Name:
Business Address 1:
Address 2:
City:
State:

Zip Code:

Country:

US

Business Phone:

Client Business Nature

Select the category that best describes the nature of the Client's business

- Banking & Financial Services**
- Communications**
- Education**
- Environment & Natural Resources**
- Health & Mental Hygiene**
- Insurance**
- Labor**
- Law**
- Manufacturing**
- Marketing & Sales**
- Public Utilities**
- Public, Community Interest**
- Racing & Wagering**
- Real Estate & Construction**
- State & Local Government**
- Trade Associations**
- Transportation**
- Travel & Tourism**

Subject

Subjects on which you expect to lobby:

REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS

Person

Person, State Agency, Municipality, or Legislative Body you expect to lobby:

SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES

Bill

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

A11678/S8447

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Contract/Authorizations

You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same. ?

Contract / Authorization Start Date (MM/DD/YYYY) :

8/1/2008 ?

Contract / Authorization End Date (MM/DD/YYYY) :

12/31/2008

Check here if mailing:

Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

Original Contract

FileName	Description	Date
L2205_26540.tif	AMERICAN TAX FUNDING LLC 08 REG	12/22/2008 11:13:05 AM

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration

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

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

Date : 11/5/2008 Actual submission date:

First Name: MARLA Last Name: BIER

Comments: MY ADMINISTRATIVE ASSISTANT WAS TO FILE BUT FAILED TO DO SO ON TIME SO I AM FILING NOW

Fees

Please Check one of the following: ?

Amount :100.00

IMPORTANT : Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode

Check/Cash

Check No : 0094

Check Status : ACC

Prior to final submission please verify reporting year you have selected.

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0097480

Year of Registration : 2008

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2:
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING LLC
Business Address 1: 345 JUPITER LAKES BOULEVARD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 841-3126
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: JUSTIN
Chief Administrative Officer Last Name: WEISENBACHER

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES

Bill

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

A11678/S8447

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect EXHIBIT 7 - JCOPE 005

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 11/5/2008 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0104299

Year of Registration : 2008

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2:
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING LLC
Business Address 1: 345 JUPITER LAKES BOULEVARD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 841-3126
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: JUSTIN
Chief Administrative Officer Last Name: WEISENBACHER

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES; CITY OF SCHENECTADY; CITY OF MIDDLETOWN

Bill

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

A11678/S8447

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 2/16/2009 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148232

Year of Registration : 2010

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIG BELLY SOLAR
Business Address 1: 50 BROOK ROAD
Address 2:
City: NEEDHAM
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300
Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148233

Year of Registration : 2010

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 113 STATE STREET
 Address 2:
 City: ALBANY
 State: NY
 Zip Code: 12207
 Business Phone: 516-776-1500
 Fax Number: 518-465-2602
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
 Business Address 1: 650 MASSACHUSETTS AVENUE NW
 Address 2: 6TH FLOOR
 City: WASHINGTON
 State: DC
 Zip Code: 20001
 Country: US
 Business Phone: 617-901-7458
 Fax Number: 818-450-0425
 Chief Administrative Officer First Name: MICHAEL
 Chief Administrative Officer Last Name: STANTON

Chief Administrative Officer Title: PRESIDENT
Third Party Information

Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF AN E911 SYSTEM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SUPERVISOR TOWN OF NORTH HEMSPTEAD, COUNTY EXECUTIVE NASSAU COUNTY

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

EXHIBIT 7 - JCOPE 014

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148234

Year of Registration : 2010

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HUDSON BAYLOR CORPORATION
Business Address 1: 237 DUPONT AVENUE
Address 2:
City: NEWBURGH
State: NY
Zip Code: 12551-0947
Country: US
Business Phone: (845) 561-0160
Fax Number: (845) 562-8412
Chief Administrative Officer First Name: TERRANCE
Chief Administrative Officer Last Name: CONROY

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
2000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148235

Year of Registration : 2010

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PARKS BY NATURE
Business Address 1: 1350 BROADWAY
Address 2: SUITE 2400
City: NEW YORK
State: NY
Zip Code: 10018
Country: US
Business Phone: 212-586-9090
Fax Number:
Chief Administrative Officer First Name: JOHN
Chief Administrative Officer Last Name: MELILLO

Chief Administrative Officer Title: DIRECTOR OF MARKETING

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
1000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF A PARKS MOBILE APPLICATION

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COMMISSIONER OF PARKS AND RECREATION

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

EXHIBIT 7 - JCOPE 020

to lobby:

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Registration Form

Form Confirmation #: LR00017689

Year of Registration: 2009-2010

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HOLLAND + KNIGHT LLP
Business Address 1: 195 BROADWAY
Address 2: 24TH FLOOR
City: NEW YORK
State: NY
Zip Code: 10007-3189
Country: US
Business Phone: (860) 232-1244
Fax Number: (212) 385-9010
Chief Administrative Officer First Name: TENO
Chief Administrative Officer Last Name: WEST
Chief Administrative Officer Title: PARTNER

Third party information

Name: ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHOIRTY
Business Address 1: 410 TORNE VALLEY ROAD
Address 2:
City: HILLBURN
State: NY

Zip Code: 10931
Country: US
Business Phone: (845) 753-2241

Client Business Nature

Select the category that best describes the nature of the Client's business

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations
- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation
- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

Subject

Subjects on which you expect to lobby:

AMENDING THE TAX LAW

Person

Person, State Agency, Municipality, or Legislative Body you expect to lobby:

SENATE, ASSEMBLY, COMPTROLLER'S OFFICE, GOVERNORS OFFICE, DEPARTMENT OF TAXATION AND FINANCE

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Contract/Authorizations

You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same. (?)

Contract / Authorization Start Date (MM/DD/YYYY) :

10/15/2008 (?)

Contract / Authorization End Date (MM/DD/YYYY) :

6/30/2009

Check here if mailing:



Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration

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

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

Date : 1/18/2009 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Fees

Please Check one of the following: ?

Amount :200.00

IMPORTANT : Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode

Check/Cash

Check No :
0094

Check Status : ACC

Prior to final submission please verify reporting year you have selected.

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148236

Year of Registration : 2010

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX LLC
Business Address 1: 317 IRON HORSE WAY
Address 2: SUITE 314
City: PROVIDENCE
State: RI
Zip Code: 02908
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

EXHIBIT 7 - JCOPE 025

Chief Administrative Officer Title: PARTNER
Third Party Information
Name: ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY
Business Address 1: 410 TORNE VALLEY ROAD
Address 2:
City: HILLBURN
State: NY
Zip Code: 10931
Country: US
Business Phone: 845-753-2241

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148237

Year of Registration : 2010

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100
Fax Number:
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE GENERAL MUNICIPAL LAW RELATING TO THE CREATION OF AN INDUSTRIAL DEVELOPMENT AGENCY

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE, GOVERNOR, COMPTROLLER

Bill

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 5316

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148239

Year of Registration : 2010

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX WEST LLC
Business Address 1: 317 IRON HORSE WAY
Address 2: SUITE 314
City: PROVIDENCE
State: RI
Zip Code: 02908
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name: UTILITY SERVICE CO., INC.

Business Address 1: 535 COURTNEY HODGES BOULEVARD

Address 2:

City: PERRY

State: GA

Zip Code: 31069

Country: US

Business Phone: 478-987-0303

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148240

Year of Registration : 2010

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Employed

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VADAR SYSTEMS
Business Address 1: 12 CLOCK TOWER PLACE
Address 2: SUITE 100
City: MYNARD
State: MA
Zip Code: 01754
Country: US
Business Phone: (954) 461-5858
Fax Number: (954) 461-5851
Chief Administrative Officer First Name: FRANK
Chief Administrative Officer Last Name: NATALE

Chief Administrative Officer Title: CEO

Third Party Information

Name:
 Business Address 1:
 Address 2:
 City:
 State:
 Zip Code:
 Country:
 Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 1/19/2011 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Registration Form

Form Confirmation #: LR00014870

Year of Registration: 2007-2008

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 589 BEDFORD STREET
 Address 2:
 City: STAMFORD
 State: CT
 Zip Code: 06901
 Business Phone: (203) 344-9012
 Fax Number: (203) 637-7317
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VADAR SYSTEMS
 Business Address 1: 12 CLOCK TOWER PLACE
 Address 2: SUITE 100
 City: MYNARD
 State: MA
 Zip Code: 01754
 Country: US
 Business Phone: (954) 461-5858
 Fax Number: (954) 461-5851
 Chief Administrative Officer First Name: FRANK
 Chief Administrative Officer Last Name: NATALE
 Chief Administrative Officer Title: CEO

Third party information

Name:
 Business Address 1:
 Address 2:
 City:
 State:

Zip Code:

Country: US

Business Phone:

Client Business Nature

Select the category that best describes the nature of the Client's business

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations
- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation
- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

Subject

Subjects on which you expect to lobby:

No details were entered.

Person

Person, State Agency, Municipality, or Legislative Body you expect to lobby:

STATE, ERIE COUNTY, PUTNAM COUNTY, ULSTER COUNTY, OTHER COUNTIES AND CITIES

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Contract/Authorizations

You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same. ?

Contract / Authorization Start Date (MM/DD/YYYY) :

8/1/2008 ?

Contract / Authorization End Date (MM/DD/YYYY) :

12/31/2008

Check here if mailing:

Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

Original Contract

FileName	Description	Date
<u>L2205_26544.tif</u>	VADAR SYSTEMS 08 REG	12/22/2008 11:25:48 AM

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration

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

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

Date : 11/5/2008 Actual submission date:

First Name: MARLA Last Name: BIER

Comments: MY ADMINISTRATIVE ASSISTANT WAS SUPPOSED TO FILE BUT FOR SOME REASON FAILED TO DO SO ON TIME.

Fees

Please Check one of the following: ?

Amount :100.00

IMPORTANT : Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode

Check/Cash

Check No : 0093

Check Status : ACC

Prior to final submission please verify reporting year you have selected.

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0097483

Year of Registration : 2008

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2:
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VADAR SYSTEMS
Business Address 1: 12 CLOCK TOWER PLACE
Address 2: SUITE 100
City: MYNARD
State: MA
Zip Code: 01754
Country: US
Business Phone: (954) 461-5858
Fax Number: (954) 461-5851
Chief Administrative Officer First Name: FRANK
Chief Administrative Officer Last Name: NATALE

Chief Administrative Officer Title: CEO

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE, ERIE COUNTY, PUTNAM COUNTY, ULSTER COUNTY, OTHER COUNTIES AND CITIES

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 11/5/2008 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0104300

Year of Registration : 2008

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 589 BEDFORD STREET
 Address 2:
 City: STAMFORD
 State: CT
 Zip Code: 06901
 Business Phone: (203) 344-9012
 Fax Number: (203) 637-7317
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Procurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VADAR SYSTEMS
 Business Address 1: 12 CLOCK TOWER PLACE
 Address 2: SUITE 100
 City: MYNARD
 State: MA
 Zip Code: 01754
 Country: US
 Business Phone: (954) 461-5858
 Fax Number: (954) 461-5851
 Chief Administrative Officer First Name: FRANK
 Chief Administrative Officer Last Name: NATALE

EXHIBIT 7 - JCOPE 043

Chief Administrative Officer Title: CEO

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country: US

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
6000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE, ERIE COUNTY, PUTNAM COUNTY, ULSTER COUNTY, OTHER COUNTIES AND CITIES

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

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

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

Check box to agree with previous statement

Date : 2/16/2009

Actual submission date:

First Name: MARLA

Last Name: BIER

Comments: THIS WAS LATE BECASUE I DID NOT KNOW I NEEDED TO DO AS WELL AS THE CLIENT BI ANNUAL.