

CSR 49347

Print Form

# 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.

EN'D JAN 25 2013

**I Reporting Information**

Year: 2012

Fill in circle if amendment

Report Period:  January/June  July/December

Type of Lobbying:  Nonprocurement  Procurement  Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

HAND DELIVERED

*Cjm* 130726

RECEIVED JAN 15 2013

CK# 2389 50- XI: CAO

**II Client Information**

Name: ASSOCIATION OF HEALTH CARE PROVIDERS, INC. (NYS)

Permanent Business Address: 20 CORPORATE WOODS, 2ND FLOOR

City: ALBANY State: NY ZIP code: 12211

Business Phone: 518-463-1118 Fax Number: 518-463-1606

Third Party Beneficiary (see instructions):

**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: JOHNSTON, CHRISTINE (FKA WANG, PHYLLIS A.) Phone Number: 518-463-1118  
 Address: 20 CORPORATE WOODS, 2ND FLOOR  
 City: ALBANY State: NY ZIP code: 12211  
 Compensation for current period: \$64260 .00

**B** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: CATHERINE TULLY Phone Number: 518-463-1118  
 Address: 20 CORPORATE WOODS, 2ND FLOOR  
 City: ALBANY State: NY ZIP code: 12211  
 Compensation for current period: \$14940 .00

**C** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: MEGAN TANGJERD Phone Number: 518-463-1118  
 Address: 20 CORPORATE WOODS, 2ND FLOOR  
 City: ALBANY State: NY ZIP code: 12211  
 Compensation for current period: \$13500 .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$100200 .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: WEINGARTEN, REID, & McNALLY, LLC (FKA WEINGARTEN&REID LLC) Phone Number: 518-465-7330  
 Address: 1 COMMERCE PLAZA, SUITE 1103  
 City: ALBANY State: NY ZIP code: 12210  
 Compensation for current period: \$7500 .00

Type of Lobbyist:  Retained       Employed       Designated  
 Level of Gov't:  State Lobbying       Local Lobbying       Both  
 Name: Phone Number:  
 Address: State: ZIP code:  
 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: State: ZIP code:  
 City: State: ZIP code:  
 Compensation for current period: \$ .00

**IV Other Expenses (Current Semi-Annual Period Only)**

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

**IV Other Expenses (Current Semi-Annual Period Only)**

A Report in the aggregate all expenses less than or equal to \$75:	\$ 72	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO: WEINGARTEN REID MCNALLY LLC	DATE: 08 / 31 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSE	AMOUNT: \$ 128 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO: WEINGARTEN REID MCNALLY LLC	DATE: 10 / 31 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSE	AMOUNT: \$ 176 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<input type="radio"/> 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:	\$376 .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: ACCENTCARE OF NEW YORK, INC  
 or  
 Single Source Person's Last Name: First Name:

Address: 60 SOUTH LEXINGTON AVE State: NY ZIP code: 10606

City: WHITE PLAINS

Phone: 914-682-3988

Date Contribution Received: 12 / 18 / 2012	Amount of Contribution: \$ 3450 .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:

**Contribution(s) Single Source #2**

Single Source Entity's Name: PROGRESSIVE HOME HEALTH CARE, INC  
 or  
 Single Source Person's Last Name: First Name:

Address: 132 W. 31st STREET, 7th FLOOR State: NY ZIP code: 10001

City: NEW YORK

Phone: 212-273-5500

Date Contribution Received: 09 / 17 / 2012	Amount of Contribution: \$ 3450 .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:

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: HOME HEALTH CARE SERVICES

or  
Single Source Person's Last Name:

First Name:

Address: 1650 CONEY ISLAND AVE.

State: NY

ZIP code: 11230

City: BROOKLYN

Phone: 718-336-7110

Date Contribution Received: 10 / 22 / 2012

Amount of Contribution: \$3060 .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 # 4**

Single Source Entity's Name: AMERICARE, INC

or  
Single Source Person's Last Name:

First Name:

Address: 171 KINGS HIGHWAY

State: NY

ZIP code: 11223

City: BROOKLYN

Phone: 718-256-6000

Date Contribution Received: 10 / 26 / 2012

Amount of Contribution: \$ 2595 .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 # 5**

Single Source Entity's Name: JEWISH HOME LIFECARE

or  
Single Source Person's Last Name:

First Name:

Address: 2900 EXTERIOR ST., FLOOR 2

State: NY

ZIP code: 10463

City: BRONX

Phone: 718-329-8389

Date Contribution Received: 11 / 09 / 2012

Amount of Contribution: \$ 2595 .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:

**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 # 6**

Single Source Entity's Name: Xinon Technology

or  
Single Source Person's Last Name:

First Name:

Address: 224 West 35<sup>th</sup> St., #708

State: NY

ZIP code: 10001

City: New York

Phone: 212-560-9218

Date Contribution Received: 11 / 09 / 12

Amount of Contribution: \$ 592 .00

Date Contribution Received: 11 / 13 / 12

Amount of Contribution: \$ 1133 .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 # 7**

Single Source Entity's Name: Best Choice Home Health Care, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 596 Prospect Place

State: NY

ZIP code: 11238

City: Brooklyn

Phone: 718-362-1440

Date Contribution Received: 08 / 07 / 2012

Amount of Contribution: \$ 47 .00

Date Contribution Received: 10 / 2 / 2012

Amount of Contribution: \$ 2220 .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 # 8**

Single Source Entity's Name: Personal Touch Home Care, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 222-15 Northern Blvd.

State: NY

ZIP code: 11361

City: Bayside

Phone: 718-468-4747

Date Contribution Received: 08 / 07 / 2012

Amount of Contribution: \$ 975 .00

Date Contribution Received: 09 / 04 / 2012

Amount of Contribution: \$ 1013 .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:

**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 # 9**

Single Source Entity's Name: Premier Home Health Care Services, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 445 Hamilton Ave., 10th Floor

City: White Plains

State: NY

ZIP code: 10601

Phone: 914-428-7722

Date Contribution Received: 08 / 20 / 2012 Amount of Contribution: \$ 975 .00

Date Contribution Received: 10 / 16 / 2012 Amount of Contribution: \$ 1013 .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 # 10**

Single Source Entity's Name: All Metro Health Care

or  
Single Source Person's Last Name:

First Name:

Address: 50 Broadway

City: LYnbrook

State: NY

ZIP code: 11563

Phone: 516-887-1200

Date Contribution Received: 07 / 13 / 2012 Amount of Contribution: \$ 900 .00

Date Contribution Received: 09 / 24 / 2012 Amount of Contribution: \$ 75 .00

Date Contribution Received: 10 / 23 / 2012 Amount of Contribution: \$ 938 .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 # 11**

Single Source Entity's Name: Bestcare, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 3000 Hempstead Turnpike, Ste. 205

City: Levittown

State: NY

ZIP code: 11756

Phone: 516-731-3770

Date Contribution Received: 08 / 30 / 2012 Amount of Contribution: \$ 900 .00

Date Contribution Received: 12 / 10 / 2012 Amount of Contribution: \$ 938 .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:

**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 # 12**

Single Source Entity's Name: People Care Incorporated

or  
Single Source Person's Last Name:

First Name:

Address: 116 West 32nd St., 15<sup>th</sup> floor

City: New York

State: NY

ZIP code: 10001

Phone: 212-631-7300

Date Contribution Received: 07 / 25 / 2012

Amount of Contribution: \$ 900 .00

Date Contribution Received: 11 / 12 / 2012

Amount of Contribution: \$ 938 .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 # 13**

Single Source Entity's Name: Isabella Visiting Care, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 5073 Broadway, Lower Level

City: New York

State: NY

ZIP code: 10034

Phone: 212-342-9600

Date Contribution Received: 12 / 14 / 2012

Amount of Contribution: \$ 1725 .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 # 14**

Single Source Entity's Name: Health Acquisition Corp.

or  
Single Source Person's Last Name:

First Name:

Address: 175-20 Hillside Ave.

City: Jamaica

State: NY

ZIP code: 11432

Phone: 718-657-2966

Date Contribution Received: 07 / 25 / 2012

Amount of Contribution: \$ 825 .00

Date Contribution Received: 12 / 04 / 2012

Amount of Contribution: \$ 863 .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:

**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 # 15**

Single Source Entity's Name: WILLCARE

or  
Single Source Person's Last Name:

First Name:

Address: 346 Delaware Ave.

State: NY

ZIP code: 14202

City: Buffalo

Phone: 716-856-7500

Date Contribution Received: 07 / 25 / 2012

Amount of Contribution: \$ 825 .00

Date Contribution Received: 11 / 02 / 2012

Amount of Contribution: \$ 863 .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 # 16**

Single Source Entity's Name: Belvedere of Albany

or  
Single Source Person's Last Name:

First Name:

Address: 1 Van Trump St.

State: NY

ZIP code: 12207

City: Albany

Phone: 518-694-9400

Date Contribution Received: 07 / 25 / 2012

Amount of Contribution: \$ 180 .00

Date Contribution Received: 11 / 26 / 2012

Amount of Contribution: \$ 1380 .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 # \_\_\_\_\_**

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:

**VI** Subjects lobbied:

HEALTH CARE FINANCING & BUDGET; HOME HEALTH & STAFFING; INSURANCE & WORKERS COMP

Continued on attached pages

**VII** Person, State Agency, Municipality or Legislative Body lobbied:

DEPTS HEALTH, SOCSVS, AGING, INSURANCE; LEGISLATURE & LEGISLATIVE COMMITTEES; WORKERS COMP BOARD NONE

Continued on attached pages

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

S7596, A10785, A9664B, S6493B, A4002, S2802, A4003A, S2308A, A4004A, S2804A, A4005, S2805, A4006, S2806, A4007A, S2807A, A4008A, S2808A, A4009A, S2809A, A4010A, S2810A, A4011A, S2811A, A4012A, S2812A, A4013, S2813, A8213, S5252, S3672, S4776, S4788, A80, S3001, S5254

Continued on attached pages

**VIII** Title and Identifying Numbers of procurement contracts/documents lobbied:

NONE

Continued on attached pages

**IX** Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

NONE

Continued on attached pages

**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

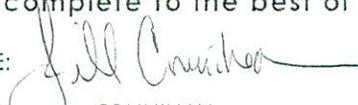
NONE

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 COUNIHAN

TITLE: OPERATIONS OFFICER

Mark One:  Chief Administrative Officer  Designee(Attach Letter)

DATE: 01/14/2013

FIRST JILL

**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.