

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 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
III: (A) Yoswein New York, Inc.
Cym 212-238-5700
130709
RECEIVED
ENTD JAN 28 2013
CHK# 24285 50

II Client Information

Name: Brooklyn Chamber of Commerce
Permanent Business Address: 25 Elm Place, Suite 200
City: Brooklyn State: NY ZIP code: 11201
Business Phone: (718) 875-1000 Fax Number: (718) 237-4274
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: Yoswein New York Phone Number:
Address: 150 Broadway, Suite 1300
City: New York State: NY ZIP code: 10038
Compensation for current period: \$30,000 .00

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

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

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$30,000 .00**

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

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

C ~~Itemize each expense exceeding \$75:~~

PAID TO: DATE: / / Ad Social Event

PURPOSE: AMOUNT: \$.00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: DATE: / / Ad Social Event

PURPOSE: AMOUNT: \$.00 *Addendum attached

PROCUREMENT NONPROCUREMENT

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: \$0 .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.

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:
or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

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:

Contribution(s) Single Source #2

Single Source Entity's Name:
or
Single Source Person's Last Name: First Name:

Address: State: ZIP code:

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:

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:

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person: Affiliated Entity

Entity's or Person's Full Name: All Car Rent A Car

Entity's or Person's Address: 1941 Utica Avenue, Brooklyn, NY 11234

Entity's or Person's Phone: (718) 209-1404

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10 / 4 / 2012 Amount of Contribution: \$37.50 .00

Date Contribution Received: 11 / 6 / 2012 Amount of Contribution: \$37.50 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person: Affiliated Entity

Entity's or Person's Full Name: Astoria Federal Savings

Entity's or Person's Address: One Jericho Plaza, Suite 304, Jericho, NY 11753

Entity's or Person's Phone: (516) 281-3711

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 8 / 13 / 2012 Amount of Contribution: \$ 300 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons.

Contributions from Single Source #2

Related or Affiliated Entity or Person: Affiliated Entity

Entity's or Person's Full Name: AT&T

Entity's or Person's Address: 630 5th Avenue, 16th Floor

Entity's or Person's Phone: (718) 859-8198

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10 / 26 / 2012 Amount of Contribution: \$ 150 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person: Affiliated Entity

Entity's or Person's Full Name: Est4te Four

Entity's or Person's Address: 350 5th Avenue, 41st Floor, New York, NY 10118

Entity's or Person's Phone: (212) 947-3333

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10 / 4 / 2012 Amount of Contribution: \$ 150 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons.

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:

Designated Addendum sheet for section V(B)

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**B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source # 3**

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **ExxonMobil**

Entity's or Person's Address: **38 Varick Street, Brooklyn, NY 11222**

Entity's or Person's Phone: **(718) 389-8987**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	10 / 1 /2012	Amount of Contribution:	\$ 300	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **Feld Entertainment**

Entity's or Person's Address: **350 Fifth Avenue, Suite 5119, New York, NY 10118**

Entity's or Person's Phone: **(212) 971-1488**

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	12 / 20 /2012	Amount of Contribution:	\$ 450	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Single Source # 4

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **HSBC Bank, USA**

Entity's or Person's Address: **200 Montague Street, Brooklyn, NY 11201**

Entity's or Person's Phone: **(718) 265-0631**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	11 / 5 /2012	Amount of Contribution:	\$ 150	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **Health Plus an Amerigroup Company**

Entity's or Person's Address: **241 37th Street, 4th Floor, Brooklyn, NY 11232**

Entity's or Person's Phone: **(718) 840-4460**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	11 / 14 /2012	Amount of Contribution:	\$ 300	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Designated Addendum sheet for section V(B)

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**B Single Source Information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source # 5**Related or Affiliated Entity or Person: **Affiliated Entity**Entity's or Person's Full Name: **Investors Bank**Entity's or Person's Address: **4624 13th Avenue, Brooklyn, NY 11219**Entity's or Person's Phone: **(718) 435-3416***Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: 11 / 15 /2012 Amount of Contribution: \$ 150 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Related or Affiliated Entity or Person: **Affiliated Entity**Entity's or Person's Full Name: **Maimonides Medical Center**Entity's or Person's Address: **4802 Tenth Avenue, Brooklyn, NY 11219**Entity's or Person's Phone: **(718) 283-8200***Dates and Amounts of Contributions from Entity or Person :*

Date Contribution Received: 8 / 13 /2012 Amount of Contribution: \$ 450 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Single Source # 6Related or Affiliated Entity or Person: **Affiliated Entity**Entity's or Person's Full Name: **National Grid**Entity's or Person's Address: **1 MetroTech Center, Brooklyn, 11201**Entity's or Person's Phone: **(718) 403-2663***Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: 10 / 10 /2012 Amount of Contribution: \$ 300 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Related or Affiliated Entity or Person: **Affiliated Entity**Entity's or Person's Full Name: **Pfizer, Inc.**Entity's or Person's Address: **235 East 42nd Street, New York, NY 10017**Entity's or Person's Phone: **(718) 780-8710***Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received: 8 / 13 /2012 Amount of Contribution: \$ 300 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Designated Addendum sheet for section V(B)

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

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Single Source # 7

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **New York Marriott at the Brooklyn Bridge**

Entity's or Person's Address: **333 Adams Street, Brooklyn, NY 11201**

Entity's or Person's Phone: **(718) 222-6520**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	11 / 29 /2012	Amount of Contribution: \$ 150	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **Salmar Properties, LLC**

Entity's or Person's Address: **5718 2nd Avenue, Brooklyn, NY 11220**

Entity's or Person's Phone: **(212) 967-1909**

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	12 / 11 /2012	Amount of Contribution: \$ 300	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Single Source # 8

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **Waste Management of New York, LLC**

Entity's or Person's Address: **123 Varick Avenue, Brooklyn, NY 11237**

Entity's or Person's Phone: **(718) 533-5291**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	12 / 13 /2012	Amount of Contribution: \$ 150	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Related or Affiliated Entity or Person: **Affiliated Entity**

Entity's or Person's Full Name: **Sovereign Bank**

Entity's or Person's Address: **195 Montague Street, 10th Floor, 11201**

Entity's or Person's Phone: **(347) 322-0677**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	8 / 13 /2012	Amount of Contribution: \$ 300	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

VI Subjects lobbied:

- NYC Paid Sick Leave Legislation
- Small Business Issues
- Economic Development Funding

Continued on attached pages

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

- NYC Council
- NYS Assembly
- NYS Senate
- Office of the Mayor

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:

- Int. 97

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:

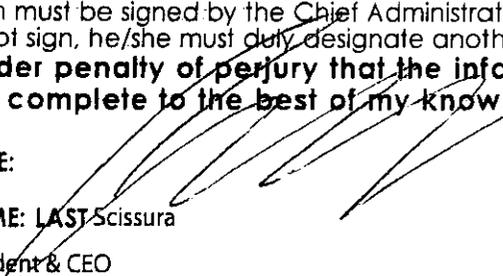
- None

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:  **DATE:** 1/11/2013

PRINT NAME: LAST Scissura **FIRST** Carlo A.

TITLE: President & CEO

Mark One: Chief Administrative Officer Designee (Attach Letter)

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.