

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: 23367

FOR OFFICE USE ONLY

amend

REC'D JAN 15 2013

II Client Information

Name: BUSINESS COUNCIL OF NYS INC. (THE)
 Permanent Business Address: 152 WASHINGTON AVE
 City: ALBANY State: NY ZIP code: 12210-2289
 Business Phone: (518) 465-7511 Fax Number: (518) 465-4389
 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: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$.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): \$.00

IV Other Expenses (Current Semi-Annual Period Only)

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

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.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: \$.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: AETNA LIFE INSURANCE CO.
or
Single Source Person's Last Name: First Name:

Address: 17 LEWIS RD. State: CT ZIP code: 06905-2214

Phone:

Date Contribution Received: 07 / 19 / 2012	Amount of Contribution: \$ 31 .00
Date Contribution Received: 07 / 23 / 2012	Amount of Contribution: \$ 13 .00
Date Contribution Received: 08 / 10 / 2012	Amount of Contribution: \$ 738 .00
Date Contribution Received: 12 / 17 / 2012	Amount of Contribution: \$ 2155 .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: ALCOA, INC.
or
Single Source Person's Last Name: First Name:

Address: PO BOX 150 State: NY ZIP code: 13662-0150

City: MASSENA

Phone:

Date Contribution Received: 12 / 26 / 2012	Amount of Contribution: \$ 2299 .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: HealthNow New York Inc.

Entity's or Person's Full Name: BlueShield of Northeastern New York

Entity's or Person's Address: 30 Century Hill Dr., Latham, NY 12110-2116

Entity's or Person's Phone: (518)220-5700

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	07 / 23 / 2012	Amount of Contribution:	\$6	.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: HealthNow New York Inc.

Entity's or Person's Full Name: BlueCross BlueShield of WNY

Entity's or Person's Address: PO Box 80, Buffalo, NY 14220

Entity's or Person's Phone: (716)887-6900

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	10 / 29 / 2012	Amount of Contribution:	\$2500	.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: National Fuel Gas Distribution Corp.

Entity's or Person's Full Name: National Fuel Gas Company

Entity's or Person's Address: 300 International Dr., Rm #122, Buffalo, NY 14221-5781

Entity's or Person's Phone: (716)626-3543

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	07 / 19 / 2012	Amount of Contribution:	\$1250	.00
Date Contribution Received:	08 / 20 / 2012	Amount of Contribution:	\$1363	.00
Date Contribution Received:	08 / 21 / 2012	Amount of Contribution:	\$875	.00

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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 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(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: American Express Company

or
Single Source Person's Last Name:

First Name:

Address: 200 Vesey St

State: NY

ZIP code: 10285-1000

City: New York

Phone: (212)640-2000

Date Contribution Received: 11 / 20 / 2012

Amount of Contribution: \$8290 .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: Amgen

or
Single Source Person's Last Name:

First Name:

Address: 707 Linden Road

State: PA

ZIP code: 17033-1545

City: Hershey

Phone: (717)443-4199

Date Contribution Received: 08 / 31 / 2012

Amount of Contribution: \$ 1325 .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: AOL, Inc.

or
Single Source Person's Last Name:

First Name:

Address: 1050 K St NW

State: DC

ZIP code: 20001-4499

City: Washington

Phone: (202)4422-3107

Date Contribution Received: 11 / 29 / 2012

Amount of Contribution: \$ 2175 .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(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: Pfizer, Inc.

Entity's or Person's Full Name: Pfizer Pearl River

Entity's or Person's Address: 401 N. Middletown Road, Pearl River, NY 10965-1215

Entity's or Person's Phone: (845)732-5000

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	10	/29	/2012	Amount of Contribution:	\$ 3175	.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:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

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

Single Source #4

Related or Affiliated Entity or Person: The Lifetime Healthcare Companies

Entity's or Person's Full Name: Excellus BlueCross BlueShield/Monroe Plan

Entity's or Person's Address: 165 Court Street, Rochester, NY 14647-0001

Entity's or Person's Phone: (585)339-7668

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	07	/19	/2012	Amount of Contribution:	\$ 505	.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:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: Avon Products, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 1345 Avenue of the Americas

State: NY

Zip code: 10105-0302

City: New York

Phone: (212)282-5612

Amount of Contribution: \$ 3,244

Date Contribution Received: 8/20/2012

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 7

Single Source Entity's Name: Bank of America
or

Single Source Person's Last Name:

First Name:

Address: 900 Elm Street, 17th Floor

State: NH

Zip code: 03101-2007

City: Manchester

Phone: (603)647-7625

Amount of Contribution: \$ 6,625

Date Contribution Received: 12/3/2012

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 8

Single Source Entity's Name: Behan Communications, Inc.
or

Single Source Person's Last Name:

First Name:

Address: PO Box 2077

State: NY

Zip code: 12801-2077

City: Glens Falls

Phone: (518)792-3856

Amount of Contribution: \$ 625

Date Contribution Received: 8/27/2012

Amount of Contribution: \$ 271

Date Contribution Received: 9/4/2012

Amount of Contribution: \$ 50

Date Contribution Received: 9/24/2012

Amount of Contribution: \$ 188

Date Contribution Received: 10/12/2012

Amount of Contribution: \$ 500

Date Contribution Received: 11/5/2012

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 9

Single Source Entity's Name: Brookhaven National Laboratory
or

Single Source Person's Last Name:

Address: PO Box 5000

City: Upton

Phone: (631)344-4747

Date Contribution Received: 8/31/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 11973-5000

Amount of Contribution: \$ 1,325

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Contributions from Single Source # 10

Single Source Entity's Name: Capital District Physicians Health Plan
or

Single Source Person's Last Name:

Address: 500 Patroon Creek Blvd

City: Albany

Phone: (518)641-5070

Date Contribution Received: 7/5/2012

Date Contribution Received: 7/23/2012

Date Contribution Received: 8/24/2012

Date Contribution Received: 9/19/2012

Date Contribution Received: 12/31/2012

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 12206-1057

Amount of Contribution: \$ 2182

Amount of Contribution: \$ 19

Amount of Contribution: \$ 113

Amount of Contribution: \$ 25

Amount of Contribution: \$ 250

Contributions from Single Source # 11

Single Source Entity's Name: CH Energy Group, Inc.
or

Single Source Person's Last Name:

Address: 284 South Avenue

City: Poughkeepsie

Phone: (845)452-2000

Date Contribution Received: 7/12/2012

Date Contribution Received: 12/28/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 12601-4838

Amount of Contribution: \$ 31

Amount of Contribution: \$ 2,716

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: Citibank
or

Single Source Person's Last Name:

Address: Global Consumer Bank AML Proj Office, One Court Square

City: Long Island City

Phone: (718)248-3388

Date Contribution Received: 8/9/2012

Date Contribution Received: 8/10/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 11120

Amount of Contribution: \$ 148

Amount of Contribution: \$ 25,565

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Contributions from Single Source # 13

Single Source Entity's Name: CAN Insurance Companies
or

Single Source Person's Last Name:

Address: 94 New Karner Road, Suite 205

City: Albany

Phone: (518)862-3062

Date Contribution Received: 8/1/2012

Date Contribution Received: 8/13/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 12203-7355

Amount of Contribution: \$ 280

Amount of Contribution: \$ 2,750

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Contributions from Single Source # 14

Single Source Entity's Name: Consolidated Edison
or

Single Source Person's Last Name:

Address: 4 Irving Place, Room 1605-S

City: New York

Phone: (212)460-3882

Date Contribution Received: 9/11/2012

Date Contribution Received: 9/28/2012

Date Contribution Received: 12/12/2012

Date Contribution Received: 12/13/2012

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 10003-3502

Amount of Contribution: \$ 113

Amount of Contribution: \$ 60

Amount of Contribution: \$ 24,202

Amount of Contribution: \$ 750

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 15

Single Source Entity's Name: Constellation
or

Single Source Person's Last Name:

First Name:

Address: 810 7th Ave, Suite 400

City: New York

State: NY

Zip code: 10019-5818

Phone: (866)237-7693

Date Contribution Received: 7/23/2012

Amount of Contribution: \$ 19

Date Contribution Received: 7/30/2012

Amount of Contribution: \$ 539

Date Contribution Received: 8/16/2012

Amount of Contribution: \$ 3,125

Date Contribution Received: 8/23/2012

Amount of Contribution: \$ 875

Date Contribution Received: 8/24/2012

Amount of Contribution: \$ 113

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 16

Single Source Entity's Name: Cornell University
or

Single Source Person's Last Name:

First Name:

Address: 314 Day Hall

City: Ithaca

State: NY

Zip code: 14853-2801

Phone: (607)255-9029

Date Contribution Received: 7/13/2012

Amount of Contribution: \$ 1,325

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 17

Single Source Entity's Name: Corning Incorporated
or

Single Source Person's Last Name:

First Name:

Address: 114 Pine St., MP-BH-06

City: Corning

State: NY

Zip code: 14831-0001

Phone: (607)974-8540

Date Contribution Received: 9/25/2012

Amount of Contribution: \$ 74

Date Contribution Received: 10/11/2012

Amount of Contribution: \$ 100

Date Contribution Received: 10/31/2012

Amount of Contribution: \$ 50

Date Contribution Received: 11/26/2012

Amount of Contribution: \$ 2,500

Date Contribution Received: 12/12/2012

Amount of Contribution: \$ 3,125

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 18

Single Source Entity's Name: Covenant House International
or

Single Source Person's Last Name:

First Name:

Address: 5 Penn Plaza, Floor 3

State: NY 10001-181 Zip code:

City: New York

Phone: (212)727-4172

Amount of Contribution: \$ 1,993

Date Contribution Received: 10/25/2012

Amount of Contribution: \$

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 19

Single Source Entity's Name: D&B Engineers and Architects, PC
or

Single Source Person's Last Name:

First Name:

Address: 330 Crossways Park Drive

State: NY

Zip code: 11797-2050

City: Woodbury

Phone: (516)364-9890

Amount of Contribution: \$ 500

Date Contribution Received: 8/7/2012

Amount of Contribution: \$ 862

Date Contribution Received: 9/24/2012

Amount of Contribution: \$ 94

Date Contribution Received: 9/28/2012

Amount of Contribution: \$ 100

Date Contribution Received: 10/12/2012

Amount of Contribution: \$

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 20

Single Source Entity's Name: Delta Air Lines, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 125 W 55th Street, 2nd Fl

State: NY

Zip code: 10019-5369

City: New York

Phone: 9212)258-0260

Amount of Contribution: \$ 2,500

Date Contribution Received: 7/16/2012

Amount of Contribution: \$ 110

Date Contribution Received: 8/28/2012

Amount of Contribution: \$ 70

Date Contribution Received: 9/5/2012

Amount of Contribution: \$ 3,120

Date Contribution Received: 9/19/2012

Amount of Contribution: \$ 95

Date Contribution Received: 11/27/2012

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 21

Single Source Entity's Name: Democrat and Chronicle Media Group

or

Single Source Person's Last Name:

First Name:

Address: 55 Exchange Blvd

City: Rochester

State: NY

Zip code: 14614-2001

Phone: (585)258-2200

Date Contribution Received: 12/17/2012

Amount of Contribution: \$ 2,563

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 22

Single Source Entity's Name: Dunn Tire LLC

or

Single Source Person's Last Name:

First Name:

Address: 475 Cayuga Rd, Suite 500

City: Buffalo

State: NY

Zip code: 14225-1309

Phone: (716)683-3910

Date Contribution Received: 12/13/2012

Amount of Contribution: \$ 2,650

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 23

Single Source Entity's Name: Ecology and Environment, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 368 Pleasant View Drive

City: Lancaster

State: NY

Zip code: 14086-1316

Phone: (716)684-8060

Date Contribution Received: 8/27/2012

Amount of Contribution: \$ 2,650

Date Contribution Received: 8/28/2012

Amount of Contribution: \$ 280

Date Contribution Received: 9/10/2012

Amount of Contribution: \$ 280

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 24

Single Source Entity's Name: Empire BlueCross Blue Shield
or

Single Source Person's Last Name:

First Name:

Address: 1 Liberty Plaza, 165 Broadway

City: New York

State: NY

Zip code: 10006-1404

Phone: (212)476-1000

Date Contribution Received: 10/26/2012

Amount of Contribution: \$ 2,500

Date Contribution Received: 12/4/2012

Amount of Contribution: \$ 1,250

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 25

Single Source Entity's Name: Empire City Casino at Yonkers Raceway
or

Single Source Person's Last Name:

First Name:

Address: 810 Yonkers Avenue

City: Yonkers

State: NY

Zip code: 10704-2030

Phone: (914)457-2431

Date Contribution Received: 10/15/2012

Amount of Contribution: \$ 2,650

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 26

Single Source Entity's Name: Empire Resorts, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 204 Route 17B

City: Monticello

State: NY

Zip code: 12701

Phone: (845)807-0001

Date Contribution Received: 12/26/2012

Amount of Contribution: \$ 1,302

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 27

Single Source Entity's Name: Entergy

or

Single Source Person's Last Name:

Address: 440 Hamilton Ave

City: White Plains

Phone: (914)272-3200

Date Contribution Received: 7/23/2012

Date Contribution Received: 7/2/2012

Date Contribution Received: 8/27/2012

Date Contribution Received: 9/10/2012

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: NY

Zip code: 10601-1813

Amount of Contribution: \$ 6

Amount of Contribution: \$ 63

Amount of Contribution: \$ 113

Amount of Contribution: \$ 3,477

Amount of Contribution: \$

Contributions from Single Source # 28

Single Source Entity's Name: Express Scripts, Inc.

or

Single Source Person's Last Name:

Address: 300 New Jersey Ave, NW, Suite 600

City: Washington

Phone: (952)837-5103

Date Contribution Received: 7/20/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: DC

Zip code: 20001-2030

Amount of Contribution: \$ 2,500

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Contributions from Single Source # 29

Single Source Entity's Name: Exxon Mobil Corporation

or

Single Source Person's Last Name:

Address: 502 Keystone Drive

City: Warrendale

Phone: (724)772-9576

Date Contribution Received: 9/7/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

First Name:

State: PA

Zip code: 15086-7537

Amount of Contribution: \$ 1,325

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 30

Single Source Entity's Name: FedEx Corporation
or

Single Source Person's Last Name:

First Name:

Address: 590 Broadway

State: NY

Zip code: 12204-2802

City: Menands

Phone: (518)698-3422

Date Contribution Received: 8/31/2012

Amount of Contribution: \$ 375

Date Contribution Received: 11/2/2012

Amount of Contribution: \$ 2,650

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 31

Single Source Entity's Name: General Electric Company
or

Single Source Person's Last Name:

First Name:

Address: 4200 Wildwood Pkwy

State: GA

Zip code: 30339-8402

City: Atlanta

Phone: (404)754-1158

Date Contribution Received: 7/23/2012

Amount of Contribution: \$ 19

Date Contribution Received: 9/24/2012

Amount of Contribution: \$ 5,000

Date Contribution Received: 12/12/2012

Amount of Contribution: \$ 74

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 32

Single Source Entity's Name: General Mills, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 54 S Michigan Ave

State: NY

Zip code: 14203-3060

City: Buffalo

Phone:

Date Contribution Received: 9/19/2012

Amount of Contribution: \$ 25

Date Contribution Received: 12/12/2012

Amount of Contribution: \$ 1,554

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 33

Single Source Entity's Name: GLOBALFOUNDRIES
or

Single Source Person's Last Name:

Address: 400 Stonebreak Road Ext

City: Ballston Spa

Phone: (518)305-9023

Date Contribution Received: 9/7/2012

Date Contribution Received: 9/24/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

First Name:

State: NY

Zip code: 12020

Amount of Contribution: \$ 50

Amount of Contribution: \$ 2,650

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 34

Single Source Entity's Name: Guardian Life Insurance Co.

or

Single Source Person's Last Name:

Address: 7 Hanover Square, H-26-E

City: New York

Phone: (212)598-8854

Date Contribution Received: 11/15/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

First Name:

State: NY

Zip code: 10004-2616

Amount of Contribution: \$ 2,602

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 35

Single Source Entity's Name: Harden Furniture Company

or

Single Source Person's Last Name:

Address: 8550 Mill Pond Way

City: McConnellsville

Phone: (315)245-1000

Date Contribution Received: 7/30/2012

Date Contribution Received: 9/19/2012

Date Contribution Received:

Date Contribution Received:

Date Contribution Received:

First Name:

State: NY

Zip code: 13401-1800

Amount of Contribution: \$ 1,278

Amount of Contribution: \$ 263

Amount of Contribution: \$

Amount of Contribution: \$

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 36

Single Source Entity's Name: Harlem United Community Aids Center, Inc.

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

Address: 306 Lenox Ave, 3rd Fl

State: NY Zip code: 10027-4920

City: New York

Phone: (212)803-2850

Amount of Contribution: \$ 1,276

Date Contribution Received: 10/22/2012

Amount of Contribution: \$

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 37

Single Source Entity's Name: Harris Beach, PLLC

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

Address: 99 Garnsey Road

State: NY Zip code: 14534-4565

City: Pittsford

Phone: (585)419-8800

Amount of Contribution: \$ 6

Date Contribution Received: 7/23/2012

Amount of Contribution: \$ 875

Date Contribution Received: 8/17/2012

Amount of Contribution: \$ 300

Date Contribution Received: 8/31/2012

Amount of Contribution: \$ 748

Date Contribution Received: 10/12/2012

Amount of Contribution: \$

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 38

Single Source Entity's Name: HealthNow New York Inc.

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

Address: 257 W Genesee St

State: NY Zip code: 14202-2657

City: Buffalo

Phone: (716)887-8691

Amount of Contribution: \$ 3,159

Date Contribution Received: 7/27/2012

Amount of Contribution: \$

Date Contribution Received:

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 39

Single Source Entity's Name: IBM Corporation
or

Single Source Person's Last Name:

First Name:

Address: 294 Route 100, 2L11, Building 1

City: Somers

State: NY

Zip code: 10589-3202

Phone: (914)766-3801

Date Contribution Received: 7/3/2012

Amount of Contribution: \$ 36,822

Date Contribution Received: 8/22/2012

Amount of Contribution: \$ 113

Date Contribution Received: 8/27/2012

Amount of Contribution: \$ 50

Date Contribution Received: 9/11/2012

Amount of Contribution: \$ 625

Date Contribution Received: 9/12/2012

Amount of Contribution: \$ 50

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 40

Single Source Entity's Name: IPRO
or

Single Source Person's Last Name:

First Name:

Address: 1979 Marcus Ave., Fl 1

City: Lake Success

State: NY

Zip code: 11042-1002

Phone: (516)326-7767

Date Contribution Received: 8/23/2012

Amount of Contribution: \$ 140

Date Contribution Received: 9/14/2012

Amount of Contribution: \$ 1,410

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 41

Single Source Entity's Name: JPMorganChase & Co.
or

Single Source Person's Last Name:

First Name:

Address: 270 Park Ave., 37th Floor, Mail Code NY1-K705

City: New York

State: NY

Zip code: 10017-2014

Phone: (212)270-0107

Date Contribution Received: 7/3/2012

Amount of Contribution: \$ 99

Date Contribution Received: 7/19/2012

Amount of Contribution: \$ 198

Date Contribution Received: 7/23/2012

Amount of Contribution: \$ 1,111

Date Contribution Received: 10/9/2012

Amount of Contribution: \$ 7,950

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 42

Single Source Entity's Name: KeyBank N.A.
or

Single Source Person's Last Name:

First Name:

Address: 66 S Pearl St., Fl 10

State: NY

Zip code: 12207-1501

City: Albany

Phone: (518)257-8618

Date Contribution Received: 8/15/2012

Amount of Contribution: \$ 280

Date Contribution Received: 9/24/2012

Amount of Contribution: \$ 625

Date Contribution Received: 9/14/2012

Amount of Contribution: \$ 113

Date Contribution Received: 11/26/2012

Amount of Contribution: \$ 5,862

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 43

Single Source Entity's Name: Kinney Drugs, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 520 E Main St.

State: NY

Zip code: 13642-1561

City: Gouverneur

Phone: (315)287-1500

Date Contribution Received: 9/24/2012

Amount of Contribution: \$ 2,278

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 44

Single Source Entity's Name: Liberty Mutual Group
or

Single Source Person's Last Name:

First Name:

Address: 175 Berkeley St.

State: MA

Zip code: 02116-5066

City: Boston

Phone: (617)574-5804

Date Contribution Received: 7/24/2012

Amount of Contribution: \$ 280

Date Contribution Received: 8/6/2012

Amount of Contribution: \$ 2,750

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 45

Single Source Entity's Name: Manning & Napier Advisors
or

Single Source Person's Last Name:

First Name:

Address: 290 Woodcliff Drive

State: NY

Zip code: 14450-4212

City: Fairport

Phone: (585)325-6880

Date Contribution Received: 8/2/2012

Amount of Contribution: \$ 2,750

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 46

Single Source Entity's Name: Moog Inc.

or

Single Source Person's Last Name:

First Name:

Address: PO Box 18

State: NY

Zip code: 14052-0018

City: East Aurora

Phone: (716)652-2000

Date Contribution Received: 7/27/2012

Amount of Contribution: \$ 3,962

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 47

Single Source Entity's Name: National Grid

or

Single Source Person's Last Name:

First Name:

Address: 111 Washington Avenue, Suite 405

State: NY

Zip code: 12210-2214

City: Albany

Phone: (518)433-5213

Date Contribution Received: 8/27/2012

Amount of Contribution: \$ 375

Date Contribution Received: 8/28/2012

Amount of Contribution: \$ 113

Date Contribution Received: 9/13/2012

Amount of Contribution: \$ 113

Date Contribution Received: 9/25/2012

Amount of Contribution: \$ 100

Date Contribution Received: 10/3/2012

Amount of Contribution: \$ 94

Check here if using V-C of the Addendum for additional Contributions:

794

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 48

Single Source Entity's Name: National Fuel Gas Distribution Corp.
or

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

Address: 6363 Main Street

City: Williamsville

State: NY

Zip code: 14221-5855

Phone: (716)857-7000

Date Contribution Received: 7/19/2012

Amount of Contribution: \$ 253

Date Contribution Received: 7/27/2012

Amount of Contribution: \$ 2,500

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 49

Single Source Entity's Name: New York Air Brake Corporation
or

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

Address: 748 Starbuck Avenue

City: Watertown

State: NY

Zip code: 13601-1620

Phone: (315)786-5200

Date Contribution Received: 8/15/2012

Amount of Contribution: \$ 1,364

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 50

Single Source Entity's Name: New York Bottlers Association
or

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

Address: 700 Anderson Hill Road, MD3/1-311

City: Purchase

State: NY

Zip code: 10577-1401

Phone: (914)253-3055

Date Contribution Received: 12/6/2012

Amount of Contribution: \$ 2,500

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 51

Single Source Entity's Name: New York State Electric & Gas Corp.
or

Single Source Person's Last Name:

First Name:

Address: PO Box 5224

State: NY

Zip code: 13902-5224

City: Binghamton

Phone: (607)762-7310

Date Contribution Received: 8/14/2012

Amount of Contribution: \$ 113

Date Contribution Received: 10/4/2012

Amount of Contribution: \$ 3,827

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 52

Single Source Entity's Name: Northrop Grumman Corporation
or

Single Source Person's Last Name:

First Name:

Address: 600 Grumman Rd W, M/S 241-025

State: NY

Zip code: 11714-5000

City: Bethpage

Phone: (516)575-1840

Date Contribution Received: 9/4/2012

Amount of Contribution: \$ 375

Date Contribution Received: 12/7/2012

Amount of Contribution: \$ 3,792

Date Contribution Received: 12/26/2012

Amount of Contribution: \$ 500

Date Contribution Received:

Amount of Contribution: \$

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 53

Single Source Entity's Name: PepsiCo, Inc.
or

Single Source Person's Last Name:

First Name:

Address: 700 Anderson Hill Road, MD3/1-311

State: NY

Zip code: 10577-1401

City: Purchase

Phone: (914)253-2862

Date Contribution Received: 12/17/2012

Amount of Contribution: \$ 3,730

Date Contribution Received:

Amount of Contribution: \$

Check here if using 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.

A: Below, list all Contributions received from a Single Source. Include the date and the amount
of the Contribution received.

Contributions from Single Source # 54

Single Source Entity's Name: Pfizer, Inc.

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

Address: 45 Court Street State: VT Zip code: 05602-3138

City: Montpelier

Phone: (802)223-1248

Date Contribution Received: 9/24/2012 Amount of Contribution: \$ 8,724

Date Contribution Received: 12/6/2012 Amount of Contribution: \$ 500

Date Contribution Received: Amount of Contribution: \$

Date Contribution Received: Amount of Contribution: \$

Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 55

Single Source Entity's Name: Phillips Lytle LLP

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

Address: 3400 HSBC Center State: NY Zip code: 14203-2887

City: Buffalo

Phone: (716)847-8400

Date Contribution Received: 10/12/2012 Amount of Contribution: \$ 1,250

Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 56

Single Source Entity's Name: PricewaterhouseCoopers LLP

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

Address: 300 Madison Avenue State: NY Zip code: 10017-6204

City: New York

Phone: (646)471-7242

Date Contribution Received: 9/24/2012 Amount of Contribution: \$ 124

Date Contribution Received: 12/26/2012 Amount of Contribution: \$ 8,401

Date Contribution Received: Amount of Contribution: \$

Date Contribution Received: Amount of Contribution: \$

Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 60
 Single Source Entity's Name: Rochester Institute of Technology
 or
 Single Source Person's Last Name: First Name:
 Address: 32 Northfield Gate
 City: Pittsford State: NY Zip code: 14534-2922
 Phone: (585)475-5040
 Date Contribution Received: 10/15/2012 Amount of Contribution: \$ 1,325
 Date Contribution Received: Amount of Contribution: \$
 Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 61
 Single Source Entity's Name: Rolling V Bus Corporation
 or
 Single Source Person's Last Name: First Name:
 Address: 151-17 6th Rd
 City: Whitestone State: NY Zip code: 11357-1206
 Phone: (845)434-7801
 Date Contribution Received: 12/13/2012 Amount of Contribution: \$ 1,338
 Date Contribution Received: Amount of Contribution: \$
 Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 62
 Single Source Entity's Name: St. John's Home
 or
 Single Source Person's Last Name: First Name:
 Address: 150 Highland Avenue
 City: Rochester State: NY Zip code: 14620-3024
 Phone: (585)760-1206
 Date Contribution Received: 12/26/2012 Amount of Contribution: \$ 1,793
 Date Contribution Received: Amount of Contribution: \$
 Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 63

Single Source Entity's Name: St. Joseph's Hospital

or

Single Source Person's Last Name:

First Name:

Address: 555 St. Joseph's Blvd

City: Elmira

State: NY

Zip code: 14901-3223

Phone: (607)738-9496

Date Contribution Received: 8/31/2012

Amount of Contribution: \$ 1,737

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 64

Single Source Entity's Name: The Coca-Cola Company

or

Single Source Person's Last Name:

First Name:

Address: 555 Taxter Road, 5th Floor

City: Elmsford

State: NY

Zip code: 10523-2336

Phone: (914)789-1794

Date Contribution Received: 10/4/2012

Amount of Contribution: \$ 2,650

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 65

Single Source Entity's Name: The Fort Miller Co., Inc.

or

Single Source Person's Last Name:

First Name:

Address: PO Box 98

City: Schuylerville

State: NY

Zip code: 12871-0098

Phone: (518)695-5000

Date Contribution Received: 9/4/2012

Amount of Contribution: \$ 1,261

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 66
 Single Source Entity's Name: The Lifetime Healthcare Companies
 or
 Single Source Person's Last Name: First Name:
 Address: 165 Court Street State: NY Zip code: 14647-0001
 City: Rochester
 Phone: (585)327-6540
 Date Contribution Received: 8/27/2012 Amount of Contribution: \$ 2,500
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 67
 Single Source Entity's Name: The Port Authority of New York and New Jersey
 or
 Single Source Person's Last Name: First Name:
 Address: 225 Park Ave S, 18th Floor State: NY Zip code: 10003-1604
 City: New York
 Phone: (212)435-6912
 Date Contribution Received: 9/10/2012 Amount of Contribution: \$ 1,325
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 68
 Single Source Entity's Name: The University at Albany State University of New York
 or
 Single Source Person's Last Name: First Name:
 Address: 1400 Washington Avenue, UNH 302 State: NY Zip code: 12222-0100
 City: Albany
 Phone: (518)442-5400
 Date Contribution Received: 8/30/2012 Amount of Contribution: \$ 1,325
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$
 Date Contribution Received: Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 69
Single Source Entity's Name: Time Warner Cable

or
Single Source Person's Last Name:

First Name:

Address: 20 Century Hill Drive
City: Latham
Phone: (518)869-9587

State: NY

Zip code: 12110-2116

Date Contribution Received: 7/27/2012
Date Contribution Received: 8/9/2012
Date Contribution Received: 8/10/2012
Date Contribution Received: 9/10/2012
Date Contribution Received: 10/2/2012

Amount of Contribution: \$ 1,250
Amount of Contribution: \$ 113
Amount of Contribution: \$ 225
Amount of Contribution: \$ 2,750
Amount of Contribution: \$ 1,250

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 70
Single Source Entity's Name: United Helpers Management Company, Inc.

or
Single Source Person's Last Name:

First Name:

Address: 732 Ford Street
City: Ogdensburg
Phone: (315)393-3074

State: NY

Zip code: 13669-1704

Date Contribution Received: 12/26/2012
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:

Amount of Contribution: \$ 1,897
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 71
Single Source Entity's Name: US Airways

or
Single Source Person's Last Name:

First Name:

Address: One International Plaza, Suite 240
City: Philadelphia
Phone: (267)737-4833

State: PA

Zip code: 19113-1510

Date Contribution Received: 7/10/2012
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:

Amount of Contribution: \$ 1,325
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 72

Single Source Entity's Name: Vanderheyden Hall, Inc.

or

Single Source Person's Last Name:

First Name:

Address: PO Box 219

City: Wynantskill

State: NY

Zip code: 12198-0219

Phone: (518)283-6500

Date Contribution Received: 12/26/2012

Amount of Contribution: \$ 1,282

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 73

Single Source Entity's Name: Verizon Communications

or

Single Source Person's Last Name:

First Name:

Address: 540 Broad Street, 20th Floor

City: Newark

State: NJ

Zip code: 07102-3112

Phone: (973)649-2424

Date Contribution Received: 7/3/2012

Amount of Contribution: \$ 500

Date Contribution Received: 7/23/2012

Amount of Contribution: \$ 19

Date Contribution Received: 9/4/2012

Amount of Contribution: \$ 213

Date Contribution Received: 9/6/2012

Amount of Contribution: \$ 280

Date Contribution Received: 10/23/2012

Amount of Contribution: \$ 1,250

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 74

Single Source Entity's Name: VISA, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 1300 Connecticut Ave NW, Suite 900

City: Washington

State: DC

Zip code: 20036-1703

Phone: (202)296-9230

Date Contribution Received: 12/17/2012

Amount of Contribution: \$ 2,716

Date Contribution Received:

Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 75
 Single Source Entity's Name: Waste Management

or
 Single Source Person's Last Name:

Address: 100 Ransier Drive
 City: Buffalo
 Phone: (716)674-5195

State: NY

First Name:
 Zip code: 14224-2244

Date Contribution Received: 7/10/2012
 Date Contribution Received: 7/23/2012
 Date Contribution Received: 8/8/2012
 Date Contribution Received: 9/5/2012

Amount of Contribution: \$ 1,849
 Amount of Contribution: \$ 25
 Amount of Contribution: \$ 375
 Amount of Contribution: \$ 113

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 76
 Single Source Entity's Name: Watkins Glen International

or
 Single Source Person's Last Name:

Address: 2790 County Route 16
 City: Watkins Glen
 Phone: (607)535-2486

State: NY

First Name:
 Zip code: 14891-0500

Date Contribution Received: 7/19/2012
 Date Contribution Received: 10/22/2012
 Date Contribution Received:
 Date Contribution Received:

Amount of Contribution: \$ 25
 Amount of Contribution: \$ 1,453
 Amount of Contribution: \$
 Amount of Contribution: \$
 Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 77
 Single Source Entity's Name: Wegmans Food Markets

or
 Single Source Person's Last Name:

Address: PO Box 30844
 City: Rochester
 Phone: (585)464-4703

State: NY

First Name:
 Zip code: 14603-0844

Date Contribution Received: 7/23/2012
 Date Contribution Received: 8/16/2012
 Date Contribution Received: 8/30/2012
 Date Contribution Received: 9/4/2012
 Date Contribution Received: 11/30/2012

Amount of Contribution: \$ 50
 Amount of Contribution: \$ 5,000
 Amount of Contribution: \$ 75
 Amount of Contribution: \$ 113
 Amount of Contribution: \$ 15,207

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

A: Below, list all Contributions received from a Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 78
Single Source Entity's Name: Xerox Corporation

or
Single Source Person's Last Name:
Address: 100 Clinton Ave S, 29th Floor
City: Rochester
Phone: (585)423-3410

First Name:
State: NY Zip code: 14644-0001

Date Contribution Received: 7/23/2012
Date Contribution Received: 8/16/2012
Date Contribution Received: 9/19/2012
Date Contribution Received: 9/25/2012
Date Contribution Received: 12/18/2012

Amount of Contribution: \$ 6
Amount of Contribution: \$ 113
Amount of Contribution: \$ 125
Amount of Contribution: \$ 28
Amount of Contribution: \$ 11,769

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source # 79
Single Source Entity's Name: Human Technologies Corporation

or
Single Source Person's Last Name:
Address: 2260 Dwyer Ave
City: Utica
Phone: (315)724-9891

First Name:
State: NY Zip code: 13501-1102

Date Contribution Received: 12/31/2012
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:

Amount of Contribution: \$ 1,287
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Contributions from Single Source #
Single Source Entity's Name:

or
Single Source Person's Last Name:
Address:
City:
Phone:

First Name:
State: Zip code:

Date Contribution Received:
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:
Date Contribution Received:

Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$
Amount of Contribution: \$

Check here if using V-C of the Addendum for additional Contributions:

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

Instructions: Below, list all Contributions received from a Single Source or, if applicable, the Related Affiliated Entity or Person. Include the date of the Contribution and the amount of the Contribution.

C Single Source Information for One Person or Entity for a single Contribution.

Contributions from Single Source # 15

Single Source (or Related or Affiliated) Entity's Name:
or

Constellation

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 810 7th Ave., Suite400

State: NY

Zip code: 10019-5818

City: New York

Phone: (866)237-7693

Date Contribution Received: 9/6/2012

Amount of Contribution: \$ 113

Date Contribution Received: 9/12/2012

Amount of Contribution: \$ 113

Date Contribution Received: 9/17/2012

Amount of Contribution: \$ 625

Date Contribution Received: 10/15/2012

Amount of Contribution: \$ 100

Date Contribution Received:

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

Instructions: Below, list all Contributions received from a Single Source or, if applicable, the Related Affiliated Entity or Person. Include the date of the Contribution and the amount of the Contribution.

C Single Source Information for One Person or Entity for a single Contribution.

Contributions from Single Source # 47

Single Source (or Related or Affiliated) Entity's Name:
or

National Grid

First Name:

Single Source (or Related or Affiliated) Person's Last Name:

Address: 111 Washington Avenue, Suite 405

State: NY

Zip code: 12210-2214

City: Albany

Phone: (518)433-5213

Date Contribution Received: 10/10/2012

Amount of Contribution: \$ 375

Date Contribution Received: 10/31/2012

Amount of Contribution: \$ 7,616

Date Contribution Received:

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

Instructions: Below, list all Contributions received from a Single Source or, if applicable, the Related Affiliated Entity or Person. Include the date of the Contribution and the amount of the Contribution.

C Single Source Information for One Person or Entity for a single Contribution.

Contributions from Single Source # 57

Single Source (or Related or Affiliated) Entity's Name:
or

Raymour & Flanigan Furniture

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 7230 Morgan Road

City: Liverpool

State: NY

Zip code: 13090-4535

Phone: (646)471-7242

Date Contribution Received: 12/21/2012

Amount of Contribution: \$ 298

Date Contribution Received: 12/31/2012

Amount of Contribution: \$ 298

Date Contribution Received:

Amount of Contribution: \$

Please use the following addendum pages as continuation for the specified sections. If additional space is needed please make a copy of this sheet.

Instructions: Below, list all Contributions received from a Single Source or, if applicable, the Related Affiliated Entity or Person. Include the date of the Contribution and the amount of the Contribution.

C Single Source Information for One Person or Entity for a single Contribution.

Contributions from Single Source # 69

Single Source (or Related or Affiliated) Entity's Name:
or

Time Warner Cable

Single Source (or Related or Affiliated) Person's Last Name:

First Name:

Address: 20 Century Hill Drive

City: Latham

State: NY

Zip code: 12110-2116

Phone: (518)869-9567

Date Contribution Received: 12/31/2012

Amount of Contribution: \$ 1,250

Date Contribution Received: Amount of Contribution: \$

VI Subjects lobbied:

[Empty box for section VI]

Continued on attached pages

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

[Empty box for section VII]

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:

[Empty box for section VII]

Continued on attached pages

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

[Empty box for section VIII]

Continued on attached pages

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

[Empty box for section IX]

Continued on attached pages

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

[Empty box for section X]

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: *Suzanne M Jensen*

DATE: *1/15/13*

PRINT NAME: LAST *Jensen*

FIRST *Suzanne*

TITLE: *CFO*

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.