

# 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: 1804

FOR OFFICE USE ONLY  
Cjm  
HAND DELIVERED  
130722  
RECEIVED Jan 15 2013  
Title: Pres & CEO  
CK# 1804 50-

## II Client Information

Name: CONSTRUCTION MATERIALS ASSOCIATION, INC. (NY)  
Permanent Business Address: 11 CENTURY HILL DRIVE  
City: LATHAM State: NY ZIP code: 12110  
Business Phone: 518-783-0909 Fax Number: (518) 783-0969  
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: OSTROFF, HIFFA & ASSOCIATES Phone Number: (518)436-6202  
Address: 12 SHERIDAN AVENUE  
City: ALBANY State: NY ZIP code: 12207  
Compensation for current period: \$48,000 .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): \$48,000 .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:** \$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.

**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: BUFFALO CRUSHED STONE, INC.

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

Address: 2544 CLINTON AVENUE

City: BUFFALO State: NY ZIP code: 14224

Phone: 716-826-7310

Date Contribution Received: 10 / 18 / 2012 Amount of Contribution: \$ 2069 .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: HANSON AGGREGATES

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

Address: PO BOX 513

City: JAMESVILLE State: NY ZIP code: 13078

Phone: 315-478-5501

Date Contribution Received: 08 / 12 / 2012 Amount of Contribution: \$ 3022 .00

Date Contribution Received: 11 / 02 / 2012 Amount of Contribution: \$ 3022 .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:

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:**

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:**

### Contributions from Single Source #2

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:**

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: PECKHAM MATERIALS CORP

or  
Single Source Person's Last Name:

First Name:

Address: 20 HAARLEM AVE

City: WHITE PLAINS

State: NY

ZIP code: 10603

Phone: 914-949-2000

Date Contribution Received:	07 / 26 / 2012	Amount of Contribution:	\$520	.00
Date Contribution Received:	08 / 09 / 2012	Amount of Contribution:	\$520	.00
Date Contribution Received:	08 / 29 / 2012	Amount of Contribution:	\$520	.00
Date Contribution Received:	10 / 04 / 2012	Amount of Contribution:	\$520	.00
Date Contribution Received:	11 / 15 / 2012	Amount of Contribution:	\$520	.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:

**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:

CONSTRUCTION MATERIALS

Continued on attached pages

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

ADMINISTRATIVE, EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT

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:

A137 A3279/S4618 A3374 A5126 A5346 S891 S2193  
S2369C/A6899B A7297/S4880 S2742/A5346 S3523 A3798  
A5318A A6682 S4617 S3798/A5318A S5856/A8518 S4360/  
A5830 A6544/S3791 A9541 S6525 S6267 A8997 A1071B  
S2467 A7198 A7205

Continued on attached pages

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

N/A

Continued on attached pages

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

N/A

Continued on attached pages

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

N/A

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: 01/15/13

PRINT NAME: LAST

HAMLING

FIRST DAVID

TITLE:

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.