

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: 55241

FOR OFFICE USE ONLY

Cjm RECEIVED JAN 15 2013
ENT'D JAN 25 2013
130723
C.K.# 55241 56-

II Client Information

Name: Independent Bankers Association of NYS

Permanent Business Address: 19 Dove Street

City: Albany State: NY ZIP code: 12210

Business Phone: 518-436-4646 Fax Number: 518-436-4648

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: Whiteman Osterman & Hanna LLP Phone Number: 518-487-7741
 Address: One Commerce Plaza, 19th Floor
 City: Albany State: NY ZIP code: 12260
 Compensation for current period: \$18000 .00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Independent Bankers Association of NYS Phone Number: 518-436-4646
 Address: 19 Dove Street
 City: Albany State: NY ZIP code: 12210
 Compensation for current period: \$2000 .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): \$20000 .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: Whiteman Osterman & Hanna LLP DATE: 12 / 31 / 2012 Ad Social EventPURPOSE: Reimbursed Expenses AMOUNT: \$ 296 .00 *Addendum attached PROCUREMENT NONPROCUREMENTPAID TO: DATE: / / Ad Social EventPURPOSE: 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: \$ 296 .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: Orange County Trust Company

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

Address: 212 Dolson Avenue, PO Box 790

City: Middletown State: NY ZIP code: 10940

Phone: 845-341-5002

Date Contribution Received: 11 / 14 / 2012 Amount of Contribution: \$ 321 .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: The Lyons National Bank

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

Address: 35 William Street, PO Box 380

City: Lyons State: NY ZIP code: 14489

Phone: 315-946-8260

Date Contribution Received: 11 / 14 / 2012 Amount of Contribution: \$ 287 .00

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

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

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

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

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

Designated Addendum sheet for section V(A)

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

V Source of Funding Disclosure

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

Contributions from Single Source #3

Single Source Entity's Name: Evans Bank, N.A.

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

Address: One Grimsby Drive

City: Hamburg State: NY ZIP code: 14075

Phone: 716-926-2002

Date Contribution Received:	11	/14	/2012	Amount of Contribution:	\$362	.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: The Mahopac National Bank

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

Address: 1441 Route 22

City: Brewster State: NY ZIP code: 10509

Phone: 845-278-1050

Date Contribution Received:	11	/14	/2012	Amount of Contribution:	\$399	.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: Canandaigua National Bank & Trust Co.

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

Address: 72 South Main Street

City: Canandaigua State: NY ZIP code: 14424

Phone: 585-394-4260

Date Contribution Received:	11	/14	/2012	Amount of Contribution:	\$399	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

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

Designated Addendum sheet for section V(A)

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

V Source of Funding Disclosure

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

Contributions from Single Source #6

Single Source Entity's Name: Bridgehampton National Bank

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

Address: 2200 Montauk Highway, PO Box 3005

City: Bridgehampton State: NY ZIP code: 11932

Phone: 631-537-8826

Date Contribution Received:	11	/	14	/	2012	Amount of Contribution:	\$399	.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 # 7

Single Source Entity's Name: Solvay Bank

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

Address: 1537 Milton Avenue

City: Solvay State: NY ZIP code: 13209

Phone: 315-484-2258

Date Contribution Received:	11	/	14	/	2012	Amount of Contribution:	\$315	.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 # 8

Single Source Entity's Name: Community Bank, N.A.

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

Address: 5790 Widewaters Parkway

City: DeWitt State: NY ZIP code: 13214

Phone: 315-445-7378

Date Contribution Received:	11	/	14	/	2012	Amount of Contribution:	\$399	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00
Date Contribution Received:	/	/				Amount of Contribution:	\$	.00

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

Designated Addendum sheet for section V(A)

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

V Source of Funding Disclosure

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

Contributions from Single Source # 9

Single Source Entity's Name: Chemung Canal Trust Company

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

Address: One Chemung Canal Plaza, PO Box 1522

City: Elmira State: NY ZIP code: 14901

Phone: 607-737-3900

Date Contribution Received: 11 / 15 / 2012 Amount of Contribution: \$399 .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 # 10

Single Source Entity's Name: Alliance Bank, N.A.

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

Address: 120 Madison Street, 18th Floor

City: Syracuse State: NY ZIP code: 13202

Phone: 315-475-7551

Date Contribution Received: 11 / 15 / 2012 Amount of Contribution: \$ 399 .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 # 11

Single Source Entity's Name: NBT Bank, N.A.

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

Address: 52 S. Broad Street

City: Norwich State: NY ZIP code: 13815

Phone: 607-337-6399

Date Contribution Received: 12 / 10 / 2012 Amount of Contribution: \$399 .00

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

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

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

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

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

Designated Addendum sheet for section V(A)

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

V Source of Funding Disclosure

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

Contributions from Single Source #12

Single Source Entity's Name: Federal Home Loan Bank of New York

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

Address: 101 Park Avenue

City: New York

State: NY

ZIP code: 10178

Phone: 212-681-6000

Date Contribution Received:	08 / 15 / 2012	Amount of Contribution:	\$ 485	.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 # 13

Single Source Entity's Name: KPMG Peat Marwick

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

Address: 515 Broadway

City: Albany

State: NY

ZIP code: 12207

Phone: 518-427-4600

Date Contribution Received:	08 / 14 / 2012	Amount of Contribution:	\$ 143	.00
Date Contribution Received:	12 / 10 / 2012	Amount of Contribution:	\$ 285	.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:

Banking industry and related issues;

Continued on attached pages

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

Senate, Assembly, Executive Chamber, Department of Financial Services, Office of the Attorney General, Comptroller's Office

Continued on attached pages

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

A1346 A1362 A3457 A5932 A7329 A7764 A8145 A8147
 A8971 A9145 A9296 A9787 A9820 A10391 A10395 A10567
 S34 S219 S757 S886 S4406 S4567 S4927 S5132 S5135
 S5461 S6354 S6692 S6710 S6738 S6777

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: *Frank J. Capaldo* DATE: *1/15/2013*

PRINT NAME: LAST Capaldo FIRST Frank J.

TITLE: President & Chief Executive Officer

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.