

# 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: 5159

FOR OFFICE USE ONLY II: Fax (315) 472-5919  
 CK# 5159 50- III: (B) "LLC"  
 cjm (C) Corning Place Communications  
 (518) 689-7270

**HAND DELIVERED**  
 130927  
 RECEIVED JAN 15 2013  
 ENT'D FEB 11 2013

## II Client Information

Name: INDEPENDENT OIL AND GAS ASSOCIATION OF NY

Permanent Business Address: 38 LAKE STREET  
 City: HAMBURG State: NY ZIP code: 14075

Business Phone: 7162024688 Fax Number:

Third Party Beneficiary (see instructions): N/A

## 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: WEST FIRM PLLC (THE) Phone Number: 5186410501  
 Address: 677 BROADWAY  
 City: ALBANY State: NY ZIP code: 12207  
 Compensation for current period: \$16000 .00

**B** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: HINMAN STRAUB ADVISORS Phone Number: 5184360751  
 Address: 121 STATE STREET  
 City: ALBANY State: NY ZIP code: 12207  
 Compensation for current period: \$54000 .00

**C** Type of Lobbyist:  Retained  Employed  Designated  
 Level of Gov't:  State Lobbying  Local Lobbying  Both  
 Name: CORNING PLACE COMMUNICATIONS Phone Number: 5183897270  
 Address: 121 STATE STREET  
 City: ALBANY State: NY ZIP code: 12207  
 Compensation for current period: \$33750 .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$103750 .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: HINMAN STRAUB ADVISORS DATE: 12 / 31 / 2012  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 485 .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

PAID TO: CORNING PLACE COMMUNICATIONS DATE: 12 / 31 / 2012  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 671 .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:** \$ 1156 .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: Empire Energy E & P, LLC  
 or  
 Single Source Person's Last Name: First Name:  
 Address: 380 Southpointe Blvd, Suite 130  
 City: Canonsburg State: PA ZIP code: 15317  
 Phone: 724-483-2070

Date Contribution Received: 12 / 19 / 12	Amount of Contribution: \$ 15,000 .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
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: Gerard Law Firm  
 or  
 Single Source Person's Last Name: Gerard First Name: Richard  
 Address: 104 Demarest Pkwy  
 City: Elmira State: NY ZIP code: 14905  
 Phone: 607-732-3793

Date Contribution Received: 12 / 18 / 12	Amount of Contribution: \$ 50 .00
Date Contribution Received: 12 / 31 / 12	Amount of Contribution: \$ 50 .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:

**VI** Subjects lobbied:

OIL AND NATURAL GAS ISSUES

Continued on attached pages

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

EXECUTIVE CHAMBER, NYS SENATE/ASSEMBLY, VARIOUS STATE AGENCIES/COMMITTEES

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:

A106 A300A A347A A667B A947 A1265 A1471 A1719  
 A2108 A2675 A2890 A2914 A2922 A2924 A3082 A3125  
 A3140 A3245 A3276 A3279 A3579 A3628 A3887 A4042  
 A4132 A4237 A4319C A5102 A5504 A5547 A5585 A5676  
 A5677 A5941 A6087 A6211 A6218 A6426 A6488 A6540  
 A6541A A6913A A7013 A7072 A7172 A7178A A7218B  
 A7283A A7284 A7300A A7365A A7400A A7494C A7589B

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

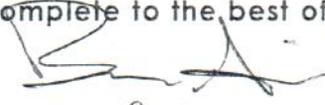
**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

Continued on attached pages

**XI Declaration**

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:  DATE: 1/14/13

PRINT NAME: LAST Gill FIRST Brad

TITLE: Executive Director

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.

**Designated Addendum sheet for sections III and IV**

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

**III Lobbyist(s) Information & Compensation (Current Period Only)**

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Compensation for current period: \$ \_\_\_\_\_ .00

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Compensation for current period: \$ \_\_\_\_\_ .00

Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Compensation for current period: \$ \_\_\_\_\_ .00

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

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

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

PAID TO: \_\_\_\_\_ DATE: / /  Ad  Social Event

PURPOSE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

**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: Greenridge Oil Company, LLC  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: PO Box 970

City: Mill Valley

State: CA

ZIP code: 94942

Phone: 330-262-3636

Date Contribution Received: 12 / 31 / 12 Amount of Contribution: \$ 333 .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: Precision Geophysical, Inc.  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 2695 State Rt. 83 S

City: Millersburg

State: OH

ZIP code: 44654

Phone: 330-674-2198

Date Contribution Received: 12 / 20 / 12 Amount of Contribution: \$ 250 .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: Southern Tier Economic Growth  
or  
Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 400 East Church St.

City: Elmira

State: NY

ZIP code: 14901

Phone: 607-733-6513

Date Contribution Received: 12 / 17 / 12 Amount of Contribution: \$ 75 .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:

or  
Single Source Person's Last Name: Vantyne

First Name: Arthur

Address: PO Box 326

City: Wellsville

State: NY

ZIP code: 14895

Phone: 585-593-6650

Date Contribution Received: 12 / 18 / 12 Amount of Contribution: \$ 100 .00

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

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

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

Date Contribution Received: 1 / 1 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: Allegany Yankee Holdings

or  
Single Source Person's Last Name:

First Name:

Address: PO Box 330

City: Wellsville

State: NY

ZIP code: 14895

Phone: 585-593-4760

Date Contribution Received: 10 / 23 / 12 Amount of Contribution: \$ 800 .00

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

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

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

Date Contribution Received: 1 / 1 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: America's Natural Gas Alliance

or  
Single Source Person's Last Name:

First Name:

Address: 701 8th St. NW, Suite 800

City: Washington

State: DC

ZIP code: 20001

Phone: 202-789-2642

Date Contribution Received: 8 / 24 / 12 Amount of Contribution: \$ 9,240 .00

Date Contribution Received: 12 / 27 / 12 Amount of Contribution: \$ 2,000 .00

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

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

Date Contribution Received: 1 / 1 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 # 3 9**

Single Source Entity's Name: Exxon Mobil

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

Address: 5959 Las Colinas Blvd.

City: Irving State: TX ZIP code: 75039

Phone: 972-444-1115

Date Contribution Received: 8 1 8 1 12 Amount of Contribution: \$ 2,769 .00

Date Contribution Received: 8 1 8 1 12 Amount of Contribution: \$ 40,000 .00

Date Contribution Received: 10 1 9 1 12 Amount of Contribution: \$ 4,000 .00

Date Contribution Received: 11 1 2 1 12 Amount of Contribution: \$ 40,000 .00

Date Contribution Received: 1 1 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: New York State Oil Producers Association

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

Address: PO Box 292

City: Bolivar State: NY ZIP code: 14715

Phone: 716-378-3347

Date Contribution Received: 11 1 1 1 12 Amount of Contribution: \$ 1,000 .00

Date Contribution Received: 1 1 Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: 1 1 Amount of Contribution: \$ \_\_\_\_\_ .00

Date Contribution Received: 1 1 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:

**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 # \_\_\_\_\_

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

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 # \_\_\_\_\_

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

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



**Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.**

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

**IV \* Itemized Expenses**

Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	

**V Subjects lobbied:**

[Empty box for listing subjects lobbied]

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

[Empty box for listing person, state agency, municipality or legislative body lobbied]

**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:**

A7982 A7986 A7987C A8299 A8411 A8479 A8480 A8481A  
A8482 A8483 A8485 A8557 A8572 A8805A A9040A A9200  
A9408 A9409 A9410 A9419 A9420A A9513 A9759 A10037  
A10169 A10208 A10209 A10210 A10211 A10226 A10234  
A10476 A10585A A10630 A10771 A10772 S425 S521 S750  
S786 S799 S891A S893 S1230 S1234 S1908 S2394 S2406B  
S2451 S2502 S2558 S2697A S2709B S2748 S3137A S3208  
S3455 S3472 S3483 S3659 S3765 S4220B S4251A S4554B

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

[Empty box for listing title and identifying numbers of procurement contracts/documents lobbied]

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

[Empty box for listing number or subject matter of executive order of governor/municipality lobbied]

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

[Empty box for listing subject matter of and tribes involved in tribal-state compacts, etc lobbied]