

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: 4262

FOR OFFICE USE ONLY
CK# 4262 50 - III: (A) 202-G24-1478
IV: (A) & (B)
#37
RECEIVED JAN 11 2013
ENT'D JAN 25 2013
130425

II Client Information

Name: ML Strategies, LLC
Permanent Business Address: 701 Pennsylvania Ave., NW, Suite 900
City: Washington State: DC ZIP code: 20004
Business Phone: 202-434-7300 Fax Number: 202-434-7400
Third Party Beneficiary (see instructions): The Alliance of TBI and NHTD Waiver Providers

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: Vohl & Associates Phone Number:
Address: 444 North Capitol Street, NW
City: Washington State: DC ZIP code: 20001
Compensation for current period: \$ 18,000 .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): \$ 18,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 36.70 .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: \$36.70 .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: The Alliance of TBI and NHTD Waiver Providers

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

Address: 8673 Route 415

City: Campbell State: NY ZIP code: 14812

Phone: 631-732-4794

Date Contribution Received:	07 / 24 / 2012	Amount of Contribution:	\$ 10000	.00
Date Contribution Received:	08 / 06 / 2012	Amount of Contribution:	\$ 10000	.00
Date Contribution Received:	09 / 19 / 2012	Amount of Contribution:	\$ 10000	.00
Date Contribution Received:	12 / 20 / 2012	Amount of Contribution:	\$ 20000	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00

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

Contribution(s) Single Source #2

Single Source Entity's Name:

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

Address:

City: State: ZIP code:

Phone:

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

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

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

V Source of Funding Disclosure

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

Contributions from Single Source #1

Related or Affiliated Entity or Person:

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:

Medicaid, TBI and NHTD Waiver Programs

Continued on attached pages

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

NY Governor's Office, NY State Department of Health

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:

NYSDOH's demonstration to integrate care for dual eligible individuals; Managed Long Term Care (MLTC) Program, as amended by the NYS budget (S. 2809-D; A. 4009-D), and including 1115 Waiver amendments approved by CMS; extension of TBI & NHTD 1915(c) waiver programs; as well as across-the-board 2% reduction in provider payments

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 Titles involved in trial-state contracts, etc lobbied:

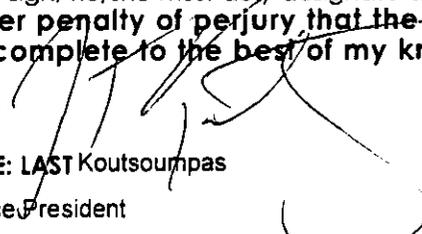
None

Continued on attached pages

XI Declaration

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

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

X SIGNATURE:  DATE: 01/10/2013

PRINT NAME: LAST Koutsoumpas FIRST Tom

TITLE: Sr. Vice President

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.