

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: 4552

FOR OFFICE USE ONLY 130162
 cjm HAND DELIVERED XI Date 11/9/13
 RECEIVED JAN 09 2013
 CL4552 \$50

II Client Information

Name: SMALL CUSTOMER MARKETER COALITION
 c/o COLWELL COLWELL & PETROCCIONE, LLP
 Permanent Business Address: 20 CORPORATE WOODS BLVD.
 City: ALBANY State: N.Y. ZIP code: 12211
 Business Phone: 518-462-4242 Fax Number: 518-462-4031
 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: LAW OFFICE OF USHER FOGEL Phone Number: 516-967-3242
 Address: 557 CENTRAL AVENUE
 City: CEDARHURST State: N.Y. ZIP code: 11516
 Compensation for current period: \$ 0.00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: COLWELL COLWELL & PETROCCIONE, LLP Phone Number: 518-462-4242
 Address: 20 CORPORATE WOODS BLVD
 City: ALBANY State: N.Y. ZIP code: 12211
 Compensation for current period: \$ 0.00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address: State: ZIP code:
 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): \$ 0.00

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: DATE: / / Ad Social Event

PURPOSE: AMOUNT: \$ 0 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: DATE: / / Ad Social Event

PURPOSE: AMOUNT: \$ 0 .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: AGWAY ENERGY SERVICES, LLC
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 5793 WIDEWATERS PARKWAY
 City: SYRACUSE State: N.Y. ZIP code: 13214

Phone: 1-888-982-4929

Date Contribution Received: <u>7 / 10 / 12</u>	Amount of Contribution: \$ <u>6000</u> .00
Date Contribution Received: <u>7 / 10 / 12</u>	Amount of Contribution: \$ <u>4000</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .00

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

Contribution(s) Single Source #2

Single Source Entity's Name: BLUE ROCK ENERGY, LLC
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 432 N. FRANKLIN ST.
 City: SYRACUSE State: N.Y. ZIP code: 13204

Phone: 1-266-815-2343

Date Contribution Received: <u>2 / 8 / 12</u>	Amount of Contribution: \$ <u>6000</u> .00
Date Contribution Received: <u>2 / 8 / 12</u>	Amount of Contribution: \$ <u>4000</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ <u>0</u> .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 MAJOR ENERGY SERVICES

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address: 100 DUTCH HILL RD

St. 310

City: ORANGETBURG

State: NY

ZIP code: 10961

Phone: 888-625-6760

Date Contribution Received: 6 / 27 / 12

Amount of Contribution: \$ 6000 .00

Date Contribution Received: 6 / 27 / 12

Amount of Contribution: \$ 4000 .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: S.J. ENERGY PARTNERS

or
Single Source Person's Last Name:

First Name:

Address: 601 UNION STREET

City: BROOKLYN

State: N.Y.

ZIP code: 11215

Phone: 877-753-8351

Date Contribution Received: 6 / 12 / 12

Amount of Contribution: \$ 6000 .00

Date Contribution Received: 6 / 12 / 12

Amount of Contribution: \$ 4000 .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: SOUTHSTAR ENERGY SERVICES, LLC

or
Single Source Person's Last Name:

First Name:

Address: 817 PEACHTREE ST. St. 100

City: ATLANTA

State: GA

ZIP code: 30308

Phone: 404-685-4000

Date Contribution Received: 5 / 23 / 12

Amount of Contribution: \$ 6000 .00

Date Contribution Received: 5 / 23 / 12

Amount of Contribution: \$ 4000 .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:

V(A)

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 #06

Single Source Entity's Name: **IDT ENERGY INC.**

or
Single Source Person's Last Name:

First Name:

Address: **520 BROAD STREET**

State: **N.J.**

ZIP code: **07102**

City: **NEWARK**

Phone: **877-887-6866**

Date Contribution Received: **8 / 1 / 12**

Amount of Contribution: \$ **6000**.00

Date Contribution Received: **8 / 1 / 12**

Amount of Contribution: \$ **4000**.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:

State:

ZIP code:

City:

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:

State:

ZIP code:

City:

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:

N/A

Continued on attached pages

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

N/A

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:

N/A

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

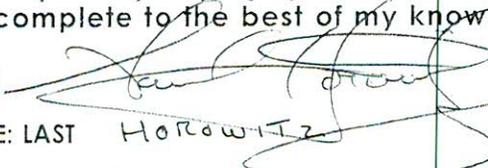
X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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:

PRINT NAME: LAST HOROWITZ FIRST SAUL

TITLE: CHAIRMAN

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.