

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.

ENT'D FEB 28 2013

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: 1012

FOR OFFICE USE ONLY

cjm
late 15 days
131142
IID: slb 95,500
Addition error by clt
per + LC w/ Robt Martin
RECEIVED JAN 30 2013
URL: Cap Pub Strategies
CK# 1021 #50

II Client Information

Name: The Elevator Industries Association, Inc.
Permanent Business Address: 137 Hollow Tree Ridge Road Apt 503
City: Darien State: CT ZIP code: 06820-4000
Business Phone: 203-247-1734 Fax Number:
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: Capitol Public Strategies, LLC Phone Number: 518-432-3300
Address: 121 State Street, 3rd Floor
City: Albany State: NY ZIP code: 12207
Compensation for current period: \$ 28000.00

B Type of Lobbyist: Retained Employed Designated
Level of Gov't: State Lobbying Local Lobbying Both
Name: Herrick, Feinstein, LLP Phone Number: 212-592-1400
Address: 2 Park Ave.
City: New York State: NY ZIP code: 10016
Compensation for current period: \$ 67500.00

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): \$ 97500.00

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: B P Elevator Company

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

Address: 1400 Parker Street

City: Bronx State: NY ZIP code: 10462

Phone: 212-807-8200

Date Contribution Received:	4 / 16 / 2012	Amount of Contribution:	\$ 945	.00
Date Contribution Received:	5 / 18 / 2012	Amount of Contribution:	\$ 920	.00
Date Contribution Received:	7 / 16 / 2012	Amount of Contribution:	\$ 1164	.00
Date Contribution Received:	8 / 22 / 2012	Amount of Contribution:	\$ 2071	.00
Date Contribution Received:	12 / 3 / 2012	Amount of Contribution:	\$ 809	.00

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

Contribution(s) Single Source #2

Single Source Entity's Name: Centennial Elevator Co

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

Address: 23-82 BQE West

City: LIC State: NY ZIP code: 11103

Phone: 718-726-5900

Date Contribution Received:	4 / 26 / 2012	Amount of Contribution:	\$ 2191	.00
Date Contribution Received:	7 / 18 / 2012	Amount of Contribution:	\$ 1288	.00
Date Contribution Received:	7 / 25 / 2012	Amount of Contribution:	\$ 2661	.00
Date Contribution Received:	8 / 22 / 2012	Amount of Contribution:	\$ 1828	.00
Date Contribution Received:	10 / 15 / 2012	Amount of Contribution:	\$ 1839	.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: Century Elevator Co.

or
Single Source Person's Last Name:

First Name:

Address: 25-25 49th Street

City: LIC

State: NY

ZIP code: 11103

Phone: 718-937-6200

Date Contribution Received:	1	/26	/2012	Amount of Contribution: \$	867	.00
Date Contribution Received:	5	/18	/2012	Amount of Contribution: \$	1446	.00
Date Contribution Received:	6	/22	/2012	Amount of Contribution: \$	1630	.00
Date Contribution Received:	8	/22	/2012	Amount of Contribution: \$	1204	.00
Date Contribution Received:	10	/15	/2012	Amount of Contribution: \$	1105	.00

Check here if using section V(C) of the Addendum for additional Contributions: **Contributions from Single Source # 4**

Single Source Entity's Name: Nouveau Elevator Industries

or
Single Source Person's Last Name:

First Name:

Address: 74 Calyer Street

City: Brooklyn

State: NY

ZIP code: 11222

Phone: 718-349-4700

Date Contribution Received:	6	/4	/2012	Amount of Contribution: \$	1957	.00
Date Contribution Received:	6	/6	/2012	Amount of Contribution: \$	1189	.00
Date Contribution Received:	7	/5	/2012	Amount of Contribution: \$	2378	.00
Date Contribution Received:	11	/6	/2012	Amount of Contribution: \$	2052	.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: P.S. Marcato

or
Single Source Person's Last Name:

First Name:

Address: 44-11 11th Street

City: Long Island City

State: NY

ZIP code: 11101

Phone: 718-392-6400

Date Contribution Received:	1	/26	/2012	Amount of Contribution: \$	480	.00
Date Contribution Received:	2	/24	/2012	Amount of Contribution: \$	1424	.00
Date Contribution Received:	4	/16	/2012	Amount of Contribution: \$	1249	.00
Date Contribution Received:	8	/22	/2012	Amount of Contribution: \$	2115	.00
Date Contribution Received:	11	/30	/2012	Amount of Contribution: \$	3024	.00

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

VI Subjects lobbied:

Local Law related to licensing of elevator Repairmen

State Law related to Licensing of elevator Mechanics

Continued on attached pages

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

NYC Council Members:
 Dilan, Erik Martin
 Vacca, James
 Vallone, Jr., Peter
 Oddo, James

State Assembly and Senate labor 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:

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:

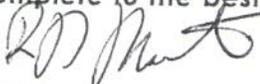
Continued on attached pages

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: 
 PRINT NAME: LAST MARTIN
 TITLE: PRESIDENT

DATE: 11/24/2013
 FIRST ROBERT

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.