

# 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: 2013  
 Fill in circle if amendment   
 Report Period:  January/June  July/December  
 Type of Lobbying:  Nonprocurement  Procurement  Both  
 Client Filing Fee Check Number: paid my amex online filing

FOR OFFICE USE ONLY *Amendment*  
*Cjn*  
*Amended for S+F*  
 RECEIVED JUL 15 2013

## II Client Information

Name: CHAIN PHARMACY ASSOCIATION OF NYS  
 Permanent Business Address: 99 WASHINGTON AVE, SUITE 402  
 City: ALBANY State: NY ZIP code: 12210  
 Business Phone: (518) 465-7330 Fax Number: (518) 465-0273  
 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: WEINGARTEN REID & MCNALLY Phone Number: (518) 465-7330  
 Address: 99 WASHINGTON AVE, SUITE 402  
 City: ALBANY State: NY ZIP code: 12210  
 Compensation for current period: \$52500 .00

**B** 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

**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): \$52500 .00

### 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:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:	State:		ZIP code:
City:			
Compensation for current period: \$ .00			
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:	State:		ZIP code:
City:			
Compensation for current period: \$ .00			
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	Phone Number:		
Address:	State:		ZIP code:
City:			
Compensation for current period: \$ .00			

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

PAID TO: WEINGARTEN REID & MCNALLY	DATE: 06 /30 /2013	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: REIMBURSED EXPENSES	AMOUNT: \$2247 .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

#### 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: WEINGARTEN REID MCNALLY DATE: 02 / 28 / 2013  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 625 .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

PAID TO: WEINGARTEN REID & MCNALLY DATE: 04 / 30 / 2013  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 3978 .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:** \$6850 .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: RITE AID PHARMACY

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

Address: PO BOX 3165

City: HARRISBURG State: PA ZIP code: 17105

Phone:

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$ 7500 .00
Date Contribution Received:	03 / 20 / 2013	Amount of Contribution:	\$ 7500 .00
Date Contribution Received:	05 / 31 / 2013	Amount of Contribution:	\$ 7500 .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: WALGREEN CO

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

Address: 104 WILMOT ROAD

City: DEERFIELD State: IL ZIP code: 60015

Phone:

Date Contribution Received:	01 / 15 / 13	Amount of Contribution:	\$ 7500 .00
Date Contribution Received:	03 / 20 / 13	Amount of Contribution:	\$ 7500 .00
Date Contribution Received:	05 / 31 / 13	Amount of Contribution:	\$ 7500 .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: WALMART PHARMACY

or  
Single Source Person's Last Name:

First Name:

Address: 702 SW 8TH STREET

City: BENTONVILLE

State: AR

ZIP code: 72716

Phone:

Date Contribution Received:	01	/07	/2013	Amount of Contribution:	\$5000	.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:

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:

**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:

**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:

PHARMACY, BUDGET & HEALTH ISSUES

Continued on attached pages

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

NYS ASSEMBLY, SENATE, EXECUTIVE AND STATE AGENCIES

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:

A3000 A3003 A3006 A3008 A3009 S2600 S2603 S2606  
 S2608 S2609 A228 A308 A349 A363 A428 A439  
 A603 A877 A883 A887 A933 A1058 A1066 A1101A A1160  
 A1359 A1372 A1447 A1474 A1527 A1609  
 A1654 A1666 A1835 A1863 A1970 A1989 A2247 A2335  
 A2415 A2552A A2621 A2640 A2653 A3290  
 A3329 A3528 A3736 A3744 A3842 A4466A A4702 A4740 A4

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 or Governor/Municipality lobbied:

N/A

Continued on attached pages

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

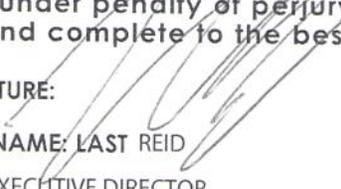
N/A

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: 7/12/13

PRINT NAME: LAST REID FIRST ROBERT

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.