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: Credit Card Authorization 233531

FOR OFFICE USE ONLY

Cpm amendment

RECEIVED JUL 16 2013

amended for Sof F

II Client Information

Name: Empire State Petroleum Association, Inc.

Permanent Business Address: 56 Clifton Country Rd., Suite 108

City: Clifton Park State: NY ZIP code: 12065

Business Phone: 518-280-6645 Fax Number: 518-280-6670

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: Phone Number:

Address:

City: State: ZIP code:

Compensation for current period: $ .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):** $ .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: $ .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: New York Heating Oil Association

or

Single Source Person's Last Name: First Name:

Address: 183 Madison Ave., Suite 1403

City: New York State: NY ZIP code: 10016

Phone: 212-695-1380

Date Contribution Received: 01 / 04 / 13 Amount of Contribution: $ 763 .00

Date Contribution Received: 03 / 04 / 13 Amount of Contribution: $ 1526 .00

Date Contribution Received: 04 / 09 / 13 Amount of Contribution: $ 763 .00

Date Contribution Received: 05 / 07 / 13 Amount of Contribution: $ 763 .00

Date Contribution Received: 06 / 03 / 13 Amount of Contribution: $ 763 .00

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

Contribution(s) Single Source #2

Single Source Entity's Name: Oil Heat Institute of Long Island

or

Single Source Person's Last Name: First Name:

Address: 200 Parkway Dr South

City: Hauppauge State: NY ZIP code: 11788

Phone: 637-360-0200

Date Contribution Received: 03 / 04 / 13 Amount of Contribution: $ 607 .00

Date Contribution Received: 04 / 26 / 13 Amount of Contribution: $ 1214 .00

Date Contribution Received: 05 / 20 / 13 Amount of Contribution: $ 607 .00

Date Contribution Received: 06 / 11 / 13 Amount of Contribution: $ 607 .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: Oil Heat Institute of Eastern New York
or
Single Source Person's Last Name: First Name:

Address: 56 Clifton Country Rd., Suite 108

City: Clifton Park State: NY ZIP code: 12065

Phone: 518-280-6645

Date Contribution Received:	01	/10	/13	Amount of Contribution: $628	.00
Date Contribution Received:	02	/22	/13	Amount of Contribution: $628	.00
Date Contribution Received:	03	/20	/13	Amount of Contribution: $628	.00
Date Contribution Received:	04	/26	/13	Amount of Contribution: $628	.00
Date Contribution Received:	05	/23	/13	Amount of Contribution: $628	.00

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

Contributions from Single Source # 4

Single Source Entity's Name: Romanelli & Son
or
Single Source Person's Last Name: First Name:

Address: 94 E Hoffman Ave

City: Lindenhurst State: NY ZIP code: 11757

Phone: 631-956-1246

Date Contribution Received:	01	/04	/13	Amount of Contribution: $ 1588	.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: Kingston Oil Supply Corp
or
Single Source Person's Last Name: First Name:

Address: PO Box 1269

City: Saugerties State: NY ZIP code: 12477

Phone: 845-331-0770

Date Contribution Received:	01	/17	/13	Amount of Contribution: $1055	.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: ○

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: $ .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: Petroleum Heat & Power Co., Inc.

or

Single Source Person's Last Name: First Name:

Address: 2187 Atlantic Ave

City: Stamford State: CT ZIP code: 06902

Phone: 203-325-5472

Date Contribution Received: 01 / 30 / 30 Amount of Contribution: $ 4041 .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: Mirabito Energy Products

or

Single Source Person's Last Name: First Name:

Address: 49 Court St

City: Binghamton State: NY ZIP code: 13902

Phone: 607-352-2911

Date Contribution Received: 02 / 11 / 13 Amount of Contribution: $ 3898 .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: ○

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 #8

Single Source Entity's Name: M. Spiegel & Sons Oil Corp
or
Single Source Person's Last Name: First Name:

Address: 10 East Village Rd.

City: Tuxedo State: NY ZIP code: 10987

Phone: 845-351-4700

Date Contribution Received:	03	/20	/13	Amount of Contribution: $1922	.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 # 9

Single Source Entity's Name: Sprague Operating Resources LLC
or
Single Source Person's Last Name: First Name:

Address: Two International Dr., South

City: Portsmouth State: NY ZIP code: 03801

Phone: 800-225-1560

Date Contribution Received:	01	/17	/13	Amount of Contribution: $ 962	.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 # 10

Single Source Entity's Name: Sunoco, Inc.
or
Single Source Person's Last Name: First Name:

Address: 10 Industrial Highway

City: Lester State: PA ZIP code: 19029

Phone: 610-833-3524

Date Contribution Received:	01	/29	/13	Amount of Contribution: $962	.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 # 11

Single Source Entity's Name: Hess Companies
or
Single Source Person's Last Name: First Name:

Address: 1 Hess Plaza

City: Woodbridge State: NJ ZIP code: 07095

Phone: 732-750-6463

Date Contribution Received:	01	/30	/13	Amount of Contribution: $962	.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 # 12

Single Source Entity's Name: Citgo Petroleum
or
Single Source Person's Last Name: First Name:

Address: 1293 Eldridge Parkway

City: Houston State: TX ZIP code: 77077

Phone: 832-486-4469

Date Contribution Received:	02	/ 11	/ 13	Amount of Contribution: $ 962	.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 # 13

Single Source Entity's Name: Gulf Oil
or
Single Source Person's Last Name: First Name:

Address: 100 Crossing Blvd

City: Framingham State: MA ZIP code: 01702

Phone: 508-270-8300

Date Contribution Received:	03	/12	/13	Amount of Contribution: $962	.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:

○ Continued on attached pages

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

○ 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: Thomas Peters **DATE:** 07/12/13

PRINT NAME: LAST Peters **FIRST** Thomas

TITLE: CEO

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.**