

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:

FOR OFFICE USE ONLY

Cjm

Amendment

Amended to include S of F

RECEIVED JUL 22 2013

II Client Information

Name: FOOD INDUSTRY ALLIANCE OF NEW YORK STATE, INC.
 Permanent Business Address: 130 WASHINGTON AVENUE
 City: ALBANY State: NY ZIP code: 12210
 Business Phone: 518-434-1900 Fax Number: 518-434-9962
 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: JAMES T. ROGERS Phone Number: 518-434-1900
 Address: 130 WASHINGTON AVENUE
 City: ALBANY State: NY ZIP code: 12210
 Compensation for current period: \$10000 .00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: MICHAEL E. ROSEN Phone Number: 518-434-8144
 Address: 130 WASHINGTON AVENUE
 City: ALBANY State: NY ZIP code: 12210
 Compensation for current period: \$14000 .00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: JAY PELTZ Phone Number: 914-833-1002
 Address: 1385 BOSTON POST ROAD
 City: LARCHMONT State: NY ZIP code: 10538
 Compensation for current period: \$10000 .00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$34000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 1013 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 3999 .00

C Itemize each expense exceeding \$75:

PAID TO: ZAP COURIER DATE: 02 / 05 / 2013 Ad Social Event
 PURPOSE: LEGISLATIVE MEMOS AMOUNT: \$ 60 .00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

PAID TO: TELSPAN DATE: 06 / 11 / 2013 Ad Social Event
 PURPOSE: CONFERENCE CALLS AMOUNT: \$ 348 .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: \$5420 .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. 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: 7-ELEVEN, INC.
 or
 Single Source Person's Last Name: O'DONOGHUE First Name: DIANA
 Address: 44 MAGNOLIA ROAD
 City: SWAMPSCOTT State: MA ZIP code: 01907
 Phone: 339-204-8590

Date Contribution Received:	05 / 15 / 2013	Amount of Contribution:	\$ 629 .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: ALTRIA CLIENT SERVICES
 or
 Single Source Person's Last Name: SLINGERLAND First Name: MOLLY
 Address: 677 BROADWAY, SUITE 1207
 City: ALBANY State: NY ZIP code: 12207
 Phone: 518-431-8090

Date Contribution Received:	03 / 15 / 2013	Amount of Contribution:	\$ 378 .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 #3**

Single Source Entity's Name: BIMBO BAKERIES USA

or
Single Source Person's Last Name: OSTLING

First Name: JAMES

Address: 100 RIVERVIEW DRIVE

City: WAYNE

State: NJ

ZIP code: 07470

Phone: 973-785-7654

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$252 .00

Date Contribution Received: 04 / 15 / 2013 Amount of Contribution: \$123 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$142 .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: CBA INDUSTRIES, INC.

or
Single Source Person's Last Name: SCHIRO

First Name: BARRY

Address: 669 RIVER DRIVE, CENTER 2

City: ELMWOOD PARK

State: NJ

ZIP code: 07407

Phone: 201-414-5200

Date Contribution Received: 03 / 15 / 2013 Amount of Contribution: \$ 123 .00

Date Contribution Received: 04 / 15 / 2013 Amount of Contribution: \$ 24 .00

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$ 220 .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: COCA-COLA REFRESHMENTS

or
Single Source Person's Last Name: PESCE

First Name: WAYNE

Address: 555 TAXTER ROAD

City: ELMSFORD

State: NY

ZIP code: 10523

Phone: 914-789-1638

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$950 .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 # 6

Single Source Entity's Name: DIETZ & WATSON

or

Single Source Person's Last Name: KELLEY

First Name: TIM

Address: 5701 TACONY STREET

City: PHILADELPHIA

State: PA

ZIP code: 19135

Phone: 215-668-9767

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$321 .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 # 7

Single Source Entity's Name: DOMINO FOODS

or

Single Source Person's Last Name: SIMMONS

First Name: WILLIAM

Address: 7 OLD TAVERN ROAD

City: NEWTOWN

State: CT

ZIP code: 06470

Phone: 203-364-1169

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$ 12 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 157 .00

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$ 220 .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 # 8

Single Source Entity's Name: ESM/FEROLIE

or

Single Source Person's Last Name: SCUDIERI

First Name: TONY

Address: 2 VAN RIPER ROAD

City: MONTVALE

State: NJ

ZIP code: 07645

Phone: 201-949-2110

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 123 .00

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$ 220 .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 # 9

Single Source Entity's Name: GARELICK FARMS

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

Address: 504 THIRD AVENUE EXT.

City: RENSSELAER State: NY ZIP code: 12144

Phone: 518-283-0820

Date Contribution Received: 04 / 15 / 2013 Amount of Contribution: \$329 .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: GOYA FOODS

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

Address: 100 SEAVIEW DRIVE

City: SECAUCUS State: NJ ZIP code: 07096

Phone: 201-348-4900

Date Contribution Received: 01 / 15 / 2013 Amount of Contribution: \$ 220 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 123 .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 # 11

Single Source Entity's Name: GREAT A & P TEA CO.

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

Address: 2 PARAGON DRIVE

City: MONTVALE State: NJ ZIP code: 07645

Phone: 201-571-4022

Date Contribution Received: 04 / 15 / 2013 Amount of Contribution: \$1687 .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 # 12

Single Source Entity's Name: GRISTEDE'S FOODS

or
Single Source Person's Last Name: CATSIMATIDIS

First Name: JOHN

Address: 823 ELEVENTH AVENUE

City: NEW YORK

State: NY

ZIP code: 10019

Phone: 212-262-5032

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution: \$433	.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: HANNAFORD SUPERMARKETS

or
Single Source Person's Last Name: DI PIETRO

First Name: RUDY

Address: 970 ROUTE 9

City: SCHODACK LANDING

State: NY

ZIP code: 12156

Phone: 518-766-2912 EXT 6574

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution: \$ 1742	.00
Date Contribution Received:	05 / 15 / 2013	Amount of Contribution: \$ 16	.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 # 14

Single Source Entity's Name: KING KÜLLEN GROCERY CO.

or
Single Source Person's Last Name: BROWN

First Name: JOSEPH

Address: 185 CENTRAL AVENUE

City: BETHPAGE

State: NY

ZIP code: 11714

Phone: 516-827-6204

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution: \$750	.00
Date Contribution Received:	06 / 15 / 2013	Amount of Contribution: \$16	.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 Contributors received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 15

Single Source Entity's Name: LIDESTRI FOOD & BEVERAGE

or
Single Source Person's Last Name: SALZANO

First Name: EDWARD

Address: 160 PEHLE AVENUE, SUITE 307

City: SADDLE BROOK

State: NJ

ZIP code: 07663

Phone: 201-944-1233

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$76 .00

Date Contribution Received: 04 / 15 / 2013 Amount of Contribution: \$48 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$343 .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 # 16

Single Source Entity's Name: PSK SUPERMARKETS

or
Single Source Person's Last Name: KATZ

First Name: NOAH

Address: 444 SOUTH FULTON AVENUE, 2ND FLOOR

City: MOUNT VERNON

State: NY

ZIP code: 10553

Phone: 914-667-6400

Date Contribution Received: 01 / 15 / 2013 Amount of Contribution: \$31 .00

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$505 .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 # 17

Single Source Entity's Name: RED BULL NA

or
Single Source Person's Last Name: GIBSON

First Name: TOM

Address: 426 BEACH 125TH STREET

City: ROCKAWAY PARK

State: NY

ZIP code: 11694

Phone: 347-752-0272

Date Contribution Received: 03 / 15 / 2013 Amount of Contribution: \$321 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$123 .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 # 18**

Single Source Entity's Name: STOP & SHOP SUPERMARKETS

or
Single Source Person's Last Name: CONNORS

First Name: ROBERT

Address: 287 BOWMAN AVENUE

City: PURCHASE

State: NY

ZIP code: 10577

Phone: 914-251-2818

Date Contribution Received:	02 / 15 / 2013	Amount of Contribution:	\$1548	.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 # 19**

Single Source Entity's Name: TOPS MARKETS

or
Single Source Person's Last Name: CURCI

First Name: FRANK

Address: 124 TAYLOR ROAD

City: DEPEW

State: NY

ZIP code: 14043

Phone: 716-635-5124

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$1201	.00
Date Contribution Received:	04 / 15 / 2013	Amount of Contribution:	\$31	.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 # 20**

Single Source Entity's Name: TRADER JOE'S COMPANY

or
Single Source Person's Last Name: LANE

First Name: SCOTT

Address: 215 EAST 68TH STREET

City: NEW YORK

State: NY

ZIP code: 10065

Phone:

Date Contribution Received:	05 / 15 / 2013	Amount of Contribution:	\$692	.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 # 21**

Single Source Entity's Name: WAKEFERN FOOD CORP.

or
Single Source Person's Last Name: MOTTESE

First Name: LORELEI

Address: 33 NORTHFIELD AVENUE

City: EDISON

State: NJ

ZIP code: 08818

Phone: 732-906-5153

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$1339	.00
Date Contribution Received:	03 / 15 / 2013	Amount of Contribution:	\$24	.00
Date Contribution Received:	06 / 15 / 2013	Amount of Contribution:	\$16	.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 # 22**

Single Source Entity's Name: WEGMANS FOOD MARKETS

or
Single Source Person's Last Name: SPERANZA, JR.

First Name: PAUL

Address: 1500 BROOKS AVENUE

City: ROCHESTER

State: NY

ZIP code: 14603

Phone: 585-328-8784

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$ 1826	.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 # 23**

Single Source Entity's Name: WHITE ROSE, INC.

or
Single Source Person's Last Name: COPPOLA

First Name: JOHN

Address: 380 MIDDLESEX AVENUE

City: CARTERET

State: NJ

ZIP code: 07008

Phone: 732-541-3563

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$692	.00
Date Contribution Received:	03 / 15 / 2013	Amount of Contribution:	\$3	.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 # 24

Single Source Entity's Name: UNILEVER NA

or
Single Source Person's Last Name: BAUMANN

First Name: DAVID

Address: 41 WINDERMERE RIDGE DRIVE

City: SOUTHTON

State: CT

ZIP code: 06489

Phone: 860-385-3001

Date Contribution Received: 02 / 15 / 2013 Amount of Contribution: \$157 .00

Date Contribution Received: 06 / 15 / 2013 Amount of Contribution: \$252 .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 # 25

Single Source Entity's Name: WISE FOODS, INC.

or
Single Source Person's Last Name: POWERS

First Name: RICH

Address: 2000 PLAZA AVENUE

City: NEW HYDE PARK

State: NY

ZIP code: 11040

Phone: 516-804-3022

Date Contribution Received: 01 / 15 / 2013 Amount of Contribution: \$ 220 .00

Date Contribution Received: 05 / 15 / 2013 Amount of Contribution: \$ 123 .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:

VI Subjects lobbied:

NO CHANGES

Continued on attached pages

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

NO CHANGES

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:

NO CHANGES

Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

NO CHANGES

Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

NO CHANGES

Continued on attached pages

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

NO CHANGES

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:** 07/19/2013

PRINT NAME: LAST ROGERS **FIRST** JAMES

TITLE: PRESIDENT & 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.