

# 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

*Cpm*      Amendment

*Amended to include Soft*

RECEIVED JUL 18 2013

**II Client Information**

Name: Greater New York Hospital Association

Permanent Business Address: 555 West 57th Street, 15th Floor

City: New York      State: NY      ZIP code: 10019

Business Phone: (212) 246-7100      Fax Number: (212) 262-6350

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

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**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

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**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): **\$2,277,526 .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: BETH ISRAEL Medical Center

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

Address: FIRST AVENUE AT 16TH STREET

City: NEW YORK State: NY ZIP code: 10003

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 25 / 2013 | Amount of Contribution: | \$ 83,911 | .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: BON SECOURS CHARITY HEALTH SYSTEM

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

Address: 255 LAFAYETTE AVENUE

City: SUFFERN State: NY ZIP code: 10901

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 28 / 2013 | Amount of Contribution: | \$ 31,045 | .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:

**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:**

**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: BRONX-LEBANON HOSPITAL CENTER

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

Address: 1276 FULTON AVENUE

City: BRONX State: NY ZIP code: 10456

Phone:

Date Contribution Received: 01 / 30 / 2013 Amount of Contribution: \$28,074 .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: BROOKLYN HOSPITAL CENTER

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

Address: 121 DEKALB AVENUE

City: BROOKLYN State: NY ZIP code: 11201

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$ 31,700 .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: BURKE REHABILITATION HOSPITAL

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

Address: 785 MAMARONECK AVENUE

City: WHITE PLAINS State: NY ZIP code: 10605

Phone:

Date Contribution Received: 01 / 14 / 2013 Amount of Contribution: \$7,086 .00

Date Contribution Received: 7 / 24 / 2012 Amount of Contribution: \$ 6,387 .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: CROUSE HOSPITAL

or  
Single Source Person's Last Name:

First Name:

Address: 736 IRVING AVENUE

City: SYRACUSE

State: NY

ZIP code: 13210

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 14 / 2013 | Amount of Contribution: | \$20,885 | .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: ST. JOHN'S EPISCOPAL HEALTH SERVICES, INC.

or  
Single Source Person's Last Name:

First Name:

Address: 327 BEACH 19TH STREET

City: FAR ROCKAWAY

State: NY

ZIP code: 11691

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 03 / 04 / 2013 | Amount of Contribution: | \$ 6,854 | .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 # 8**

Single Source Entity's Name: HOSPITAL FOR SPECIAL SURGERY

or  
Single Source Person's Last Name:

First Name:

Address: 535 EAST 70TH STREET

City: NEW YORK

State: NY

ZIP code: 10021

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 02 / 05 / 2013 | Amount of Contribution: | \$12,902 | .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 # 9**

Single Source Entity's Name: HACKENSACK UNIVERSITY MEDICAL CENTER

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

Address: 30 PROSPECT AVENUE

City: HACKENSACK State: NJ ZIP code: 07601

Phone:

Date Contribution Received: 05 / 28 / 2013 Amount of Contribution: \$74,588 .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: NYC HEALTH & HOSPITALS CORPORATION

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

Address: 125 WORTH STREET, ROOM 514

City: NEW YORK State: NY ZIP code: 10013

Phone:

Date Contribution Received: 05 / 07 / 2013 Amount of Contribution: \$ 132,766 .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 # 11**

Single Source Entity's Name: HUDSON VALLEY HOSPITAL CENTER

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

Address: 1980 COMPOUND ROAD

City: PEEKSKILL State: NY ZIP code: 10566

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$6,451 .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: INTERFAITH MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 555 PROSPECT PLACE

City: BROOKLYN

State: NY

ZIP code: 11238

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 15 / 2013 | Amount of Contribution: | \$14,111 | .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: KALEIDA HEALTH

or  
Single Source Person's Last Name:

First Name:

Address: 100 HIGH STREET

City: BUFFALO

State: NY

ZIP code: 14203

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 23 / 2013 | Amount of Contribution: | \$ 46,617 | .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 # 14**

Single Source Entity's Name: KINGSBROOK JEWISH MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 585 SCHENECTADY AVENUE

City: BROOKLYN

State: NY

ZIP code: 11203

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 30 / 2013 | Amount of Contribution: | \$10,055 | .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 # 16**

Single Source Entity's Name: LUTHERAN MEDICAL CENTER

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

Address: 150 55TH STREET

City: BROOKLYN State: NY ZIP code: 11220

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$16,933 .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 # 17**

Single Source Entity's Name: MAIMONIDES MEDICAL CENTER

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

Address: 4802 TENTH AVENUE

City: BROOKLYN State: NY ZIP code: 11219

Phone:

Date Contribution Received: 01 / 31 / 2013 Amount of Contribution: \$ 41,234 .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 # 18**

Single Source Entity's Name: MEMORIAL HOSPITAL FOR CANCER & ALLIED DISEASES

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

Address: 1275 YORK AVENUE

City: NEW YORK State: NY ZIP code: 10021

Phone:

Date Contribution Received: 01 / 14 / 2013 Amount of Contribution: \$143,581 .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 # 19**

Single Source Entity's Name: MERCY MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 1000 N. VILLAGE AVENUE

City: ROCKVILLE CENTRE

State: NY

ZIP code: 11570

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 01 | /28 | /2013 | Amount of Contribution: | \$23,868 | .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 # 20**

Single Source Entity's Name: MONTEFIORE MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 111 EAST 210TH STREET

City: BRONX

State: NY

ZIP code: 10467

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 02 | /05 | /2013 | Amount of Contribution: | \$76,200 | .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 # 21**

Single Source Entity's Name: NIAGARA FALLS MEMORIAL MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 621 TENTH STREET

City: NIAGARA FALLS

State: NY

ZIP code: 14302

Phone:

|                             |    |     |       |                         |         |     |
|-----------------------------|----|-----|-------|-------------------------|---------|-----|
| Date Contribution Received: | 01 | /16 | /2013 | Amount of Contribution: | \$6,854 | .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 # 22**

Single Source Entity's Name: NORTHERN WESTCHESTER HOSPITAL CENTER

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

Address: 400 EAST MAIN STREET

City: MOUNT KISCO State: NY ZIP code: 10549

Phone:

|                             |                |                         |              |
|-----------------------------|----------------|-------------------------|--------------|
| Date Contribution Received: | 02 / 11 / 2013 | Amount of Contribution: | \$20,512 .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: NORTH SHORE LONG ISLAND JEWISH HEALTH SYSTEM

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

Address: 145 COMMUNITY DRIVE

City: GREAT NECK State: NY ZIP code: 11021

Phone:

|                             |                |                         |                |
|-----------------------------|----------------|-------------------------|----------------|
| Date Contribution Received: | 02 / 04 / 2013 | Amount of Contribution: | \$ 186,469 .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 # 24**

Single Source Entity's Name: NASSAU UNIVERSITY MEDICAL CENTER

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

Address: 2201 HEMPSTEAD TURNPIKE

City: EAST MEADOW State: NY ZIP code: 11554

Phone:

|                             |                |                         |              |
|-----------------------------|----------------|-------------------------|--------------|
| Date Contribution Received: | 05 / 07 / 2013 | Amount of Contribution: | \$24,997 .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 #25**

Single Source Entity's Name: NEW YORK COMMUNITY HOSPITAL OF BROOKLYN

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

Address: 2525 KINGS HIGHWAY

City: BROOKLYN State: NY ZIP code: 11229

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 17 / 2013 | Amount of Contribution: | \$8,951  | .00 |
| Date Contribution Received: | 7 / 24 / 2012  | Amount of Contribution: | \$ 8,265 | .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 # 26**

Single Source Entity's Name: NEW YORK DOWNTOWN HOSPITAL

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

Address: 170 WILLIAM STREET

City: NEW YORK State: NY ZIP code: 10038

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 02 / 05 / 2013 | Amount of Contribution: | \$ 6,048 | .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 # 27**

Single Source Entity's Name: NEW YORK METHODIST HOSPITAL

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

Address: 506 6TH STREET

City: BROOKLYN State: NY ZIP code: 11215

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 02 / 05 / 2013 | Amount of Contribution: | \$12,902 | .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 # 28**

Single Source Entity's Name: NEW YORK PRESBYTERIAN HOSPITAL

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

Address: 525 EAST 68TH STREET, BOX 123

City: NEW YORK State: NY ZIP code: 10021

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 31 / 2013 | Amount of Contribution: | \$346,832 | .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 # 29**

Single Source Entity's Name: NEW YORK EYE & EAR INFIRMARY

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

Address: 310 EAST 14TH STREET

City: NEW YORK State: NY ZIP code: 10003

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 25 / 2013 | Amount of Contribution: | \$ 5,594 | .00 |
| Date Contribution Received: | 8 / 03 / 2012  | Amount of Contribution: | \$ 5,636 | .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 # 30**

Single Source Entity's Name: THE NEW YORK HOSPITAL MEDICAL CENTER OF QUEENS

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

Address: 56-45 MAIN STREET

City: FLUSHING State: NY ZIP code: 11355

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 25 / 2013 | Amount of Contribution: | \$57,755 | .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 #31**

Single Source Entity's Name: NYU LANGONE MEDICAL CENTER

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

Address: 550 FIRST AVENUE

City: NEW YORK State: NY ZIP code: 10016

Phone:

Date Contribution Received: 01 / 22 / 2013 Amount of Contribution: \$121,205 .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 # 32**

Single Source Entity's Name: ORANGE REGIONAL MEDICAL CENTER

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

Address: 60 PROSPECT AVENUE

City: MIDDLETOWN State: NY ZIP code: 10940

Phone:

Date Contribution Received: 03 / 04 / 2013 Amount of Contribution: \$ 9,273 .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 # 33**

Single Source Entity's Name: PALISADES MEDICAL CENTER

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

Address: 7600 RIVER ROAD

City: NORTH BERGEN State: NJ ZIP code: 07047

Phone:

Date Contribution Received: 01 / 28 / 2013 Amount of Contribution: \$6,854 .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 #34**

Single Source Entity's Name: PHELPS MEMORIAL HOSPITAL

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

Address: 701 NORTH BROADWAY

City: SLEEPY HOLLOW State: NY ZIP code: 10591

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 02 / 01 / 2013 | Amount of Contribution: | \$20,139 | .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 # 35**

Single Source Entity's Name: ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL

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

Address: ONE ROBERT WOOD JOHNSON PLACE

City: NEW BRUNSWICK State: NJ ZIP code: 08903

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 23 / 2013 | Amount of Contribution: | \$ 12,307 | .00 |
| Date Contribution Received: | 7 / 30 / 2012  | Amount of Contribution: | \$ 11,271 | .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 # 36**

Single Source Entity's Name: ST. LUKE'S ROOSEVELT HOSPITAL CENTER

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

Address: 555 WEST 57TH STREET, 19TH FLOOR

City: NEW YORK State: NY ZIP code: 10019

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 02 / 13 / 2013 | Amount of Contribution: | \$75,333 | .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 #37**

Single Source Entity's Name: SOUND SHORE HEALTH SYSTEM, INC.

or  
Single Source Person's Last Name:

First Name:

Address: 16 GUION PLACE

City: NEW ROCHELLE

State: NY

ZIP code: 10802

Phone:

|                             |                |                         |         |     |
|-----------------------------|----------------|-------------------------|---------|-----|
| Date Contribution Received: | 02 / 05 / 2013 | Amount of Contribution: | \$8,779 | .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 # 38**

Single Source Entity's Name: ST. BARNABAS HOSPITAL

or  
Single Source Person's Last Name:

First Name:

Address: THIRD AVENUE & 183RD STREET

City: BRONX

State: NY

ZIP code: 10457

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 05 / 02 / 2013 | Amount of Contribution: | \$ 39,511 | .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 # 39**

Single Source Entity's Name: ST. CATHERINE OF SIENA MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 50 ROUTE 25A

City: SMITHTOWN

State: NY

ZIP code: 11787

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 22 / 2013 | Amount of Contribution: | \$16,782 | .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 # 40**

Single Source Entity's Name: ST. CHARLES HOSPITAL AND REHAB CENTER

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

Address: 200 BELLE TERRE ROAD

City: PORT JEFFERSON State: NY ZIP code: 11777

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 01 | /28 | /2013 | Amount of Contribution: | \$11,934 | .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 # 41**

Single Source Entity's Name: ST. FRANCIS HOSPITAL

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

Address: 100 PORT WASHINGTON BLVD

City: ROSLYN State: NY ZIP code: 11576

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 01 | /22 | /2013 | Amount of Contribution: | \$46,244 | .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 # 42**

Single Source Entity's Name: ST. LUKE'S CORNWALL HEALTH SYSTEM

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

Address: 70 DUBOIS STREET

City: NEWBURGH State: NY ZIP code: 12550

Phone:

|                             |    |     |       |                         |         |     |
|-----------------------------|----|-----|-------|-------------------------|---------|-----|
| Date Contribution Received: | 02 | /05 | /2013 | Amount of Contribution: | \$5,644 | .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 #43**

Single Source Entity's Name: STAMFORD HEALTH SYSTEM

or  
Single Source Person's Last Name:

First Name:

Address: SHELBOURNE ROAD, PO BOX 9317

City: STAMFORD

State: CT

ZIP code: 06904

Phone:

Date Contribution Received: 01 / 22 / 2013 Amount of Contribution: \$19,766 .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 # 44**

Single Source Entity's Name: SUNY DOWNSTATE MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 445 LENOX ROAD

City: BROOKLYN

State: NY

ZIP code: 11203

Phone:

Date Contribution Received: 01 / 25 / 2013 Amount of Contribution: \$ 60,783 .00

Date Contribution Received: 7 / 16 / 2012 Amount of Contribution: \$ 93,174 .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 # 45**

Single Source Entity's Name: STONY BROOK UNIVERSITY MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 101 NICOLLS ROAD

City: STONY BROOK

State: NY

ZIP code: 11794

Phone:

Date Contribution Received: 02 / 05 / 2013 Amount of Contribution: \$18,949 .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 #46**

Single Source Entity's Name: VA NEW YORK HARBOR HEALTHCARE SYSTEM

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

Address: 80 POLY PLACE

City: NEW YORK State: NY ZIP code: 11209

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 02 | /25 | /2013 | Amount of Contribution: | \$10,069 | .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 # 47**

Single Source Entity's Name: VASSAR BROTHERS HOSPITAL

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

Address: 45 READE PLACE

City: PUGHKEEPSIE State: NY ZIP code: 12601

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 02 | /05 | /2013 | Amount of Contribution: | \$ 7,257 | .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 # 48**

Single Source Entity's Name: WINTHROP UNIVERSITY HOSPITAL

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

Address: 259 1ST STREET

City: MINEOLA State: NY ZIP code: 11501

Phone:

|                             |    |     |       |                         |          |     |
|-----------------------------|----|-----|-------|-------------------------|----------|-----|
| Date Contribution Received: | 02 | /05 | /2013 | Amount of Contribution: | \$16,530 | .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 # 49**

Single Source Entity's Name: WESTCHESTER MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: EXECUTIVE OFFICES, VALHALLA CAMPUS

City: VALHALLA

State: NY

ZIP code: 10595

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 04 / 02 / 2013 | Amount of Contribution: | \$80,635 | .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 # 50**

Single Source Entity's Name: WYCKOFF HEIGHTS MEDICAL CENTER

or  
Single Source Person's Last Name:

First Name:

Address: 374 STOCKHOLM STREET

City: BROOKLYN

State: NY

ZIP code: 11237

Phone:

|                             |                |                         |           |     |
|-----------------------------|----------------|-------------------------|-----------|-----|
| Date Contribution Received: | 01 / 30 / 2013 | Amount of Contribution: | \$ 19,355 | .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 # 51**

Single Source Entity's Name: YALE - NEW HAVEN HOSPITAL

or  
Single Source Person's Last Name:

First Name:

Address: 20 YORK STREET

City: NEW HAVEN

State: CT

ZIP code: 06504

Phone:

|                             |                |                         |          |     |
|-----------------------------|----------------|-------------------------|----------|-----|
| Date Contribution Received: | 01 / 28 / 2013 | Amount of Contribution: | \$23,868 | .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** Subject lobbied:

Continued on attached pages

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

Continued on attached pages

**VII** Bill, Rule, Regulation, Code 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:** *[Signature]* **DATE:**

**PRINT NAME: LAST** *Perlman* **FIRST** *Lee*

**TITLE:** *Chief Financial Officer*

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.