

# 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: 5321

FOR OFFICE USE ONLY

*Cjn* ENT'D AUG 29 2013  
131994  
RECEIVED JUL 15 2013  
HAND DELIVERED

CHK# 5321 - 50-

**II Client Information**

Name: INDEPENDENT OIL AND GAS ASSOCIATION OF NY

Permanent Business Address: 38 LAKE STREET

City: HAMBURG State: NY ZIP code: 14075

Business Phone: 7162024688 Fax Number:

Third Party Beneficiary (see instructions): N/A

**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.

<b>A</b>	Type of Lobbyist: <input checked="" type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: WEST FIRM PLLC (THE) Phone Number: 5186410501
	Address: 677 BROADWAY
	City: ALBANY State: NY ZIP code: 12207
	Compensation for current period: \$16000 .00
<b>B</b>	Type of Lobbyist: <input checked="" type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: HINMAN STRAUB ADVISORS Phone Number: 5184360751
	Address: 121 STATE STREET
	City: ALBANY State: NY ZIP code: 12207
	Compensation for current period: \$51968 .00
<b>C</b>	Type of Lobbyist: <input checked="" type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input checked="" type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: CORNING PLACE COMMUNICATIONS Phone Number: 5183897270
	Address: 121 STATE STREET
	City: ALBANY State: NY ZIP code: 12207
	Compensation for current period: \$36645 .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$104613 .00**

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

**A** Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

**C Itemize each expense exceeding \$75:**

PAID TO: HINMAN STRAUB ADVISORS DATE: 06 / 30 / 2013  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 2185 .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

PAID TO: CORNING PLACE COMMUNICATIONS DATE: 06 / 30 / 2013  Ad  Social Event  
 PURPOSE: REIMBURSED EXPENSES AMOUNT: \$ 1220 .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:** \$3405 .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: Anschutz Exploration Corporation  
 or  
 Single Source Person's Last Name: First Name:

Address: 555 17th Street, Suite 2400  
 City: Denver State: CO ZIP code: 80202

Phone: 303-298-1000

Date Contribution Received:	2 / 26 / 2013	Amount of Contribution:	\$ 1,980 .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: Chesapeake Energy Corporation  
 or  
 Single Source Person's Last Name: First Name:

Address: PO Box 18496  
 City: Oklahoma City State: OK ZIP code: 73154

Phone: 405-935-8000

Date Contribution Received:	2 / 7 / 2013	Amount of Contribution:	\$ 3,359 .00
Date Contribution Received:	5 / 23 / 2013	Amount of Contribution:	\$ 495 .00
Date Contribution Received:	6 / 18 / 2013	Amount of Contribution:	\$ 21 .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: Empire Energy E&P, LLC

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

Address: PO Box 187

City: Mayville State: NY ZIP code: 14757

Phone: 716-753-3385

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$3336 .00

Date Contribution Received: 6 / 28 / 2013 Amount of Contribution: \$248 .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: EnergyMark, LLC

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

Address: 6653 Main Street

City: Williamsville State: NY ZIP code: 14221

Phone: 716-614-1800

Date Contribution Received: 2 / 19 / 2013 Amount of Contribution: \$ 556 .00

Date Contribution Received: 5 / 7 / 2013 Amount of Contribution: \$ 479 .00

Date Contribution Received: 6 / 8 / 2013 Amount of Contribution: \$ 535 .00

Date Contribution Received: 6 / 11 / 2013 Amount of Contribution: \$ 83 .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: EnverVest Operating, LLC

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

Address: 300 Capitol Street, Suite 200

City: Charleston State: WV ZIP code: 25301

Phone: 304-343-5505

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$1631 .00

Date Contribution Received: 6 / 25 / 2013 Amount of Contribution: \$495 .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: Palmerton Group LLC

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

Address: 6296 Fly Road

City: Syracuse State: NY ZIP code: 13057

Phone: 315-463-5300

Date Contribution Received: 1 / 3 / 2013 Amount of Contribution: \$492 .00

Date Contribution Received: 1 / 8 / 2013 Amount of Contribution: \$431 .00

Date Contribution Received: 1 / 29 / 2013 Amount of Contribution: \$165 .00

Date Contribution Received: 6 / 4 / 2013 Amount of Contribution: \$825 .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: U.S. Energy Development Corporation

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

Address: 2350 N. Forest Road, Suite 7A

City: Getzville State: NY ZIP code: 14068

Phone: 716-636-0401

Date Contribution Received: 1 / 15 / 2013 Amount of Contribution: \$ 5,278 .00

Date Contribution Received: 6 / 18 / 2013 Amount of Contribution: \$ 784 .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: U.S. Gypsum Company

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

Address: 2750 Maple Avenue

City: Oakfield State: NY ZIP code: 14125

Phone: 585-948-5221

Date Contribution Received: 1 / 3 / Amount of Contribution: \$1,587 .00

Date Contribution Received: 5 / 30 / Amount of Contribution: \$167 .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: Atlas Energy Holdings Operating Co., LLC

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

Address: 3500 Massillon Road, Suite 100

City: Uniontown State: OH ZIP code: 44685

Phone: 330-896-8510

Date Contribution Received: 2 / 5 / 2013 Amount of Contribution: \$2,530 .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:

#### Contributions from Single Source # 10

Single Source Entity's Name: Elexco Land Service, Inc.

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

Address: 1519 Olean-Portville Road

City: Olean State: NY ZIP code: 14760

Phone: 716-372-3293

Date Contribution Received: 1 / 15 / 2013 Amount of Contribution: \$ 1,008 .00

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$ 248 .00

Date Contribution Received: 2 / 19 / 2013 Amount of Contribution: \$ 33 .00

Date Contribution Received: 6 / 15 / 2013 Amount of Contribution: \$ 304 .00

Date Contribution Received: 6 / 20 / 2013 Amount of Contribution: \$ 186 .00

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

#### Contributions from Single Source # 11

Single Source Entity's Name: Minard Run Oil Company

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

Address: 609 South Avenue

City: Bradford State: PA ZIP code: 16701

Phone: 814-362-3531

Date Contribution Received: 1 / 22 / Amount of Contribution: \$4,674 .00

Date Contribution Received: 6 / 4 / Amount of Contribution: \$495 .00

Date Contribution Received: 6 / 13 / 2013 Amount of Contribution: \$612 .00

Date Contribution Received: / / Amount of Contribution: \$ .00

Date Contribution Received: / / Amount of Contribution: \$ .00

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

## V Source of Funding Disclosure

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

#### Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

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

**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**       

#### Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

*Dates and Amounts of Contributions from Entity or Person:*

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

Date Contribution Received:        /        /        Amount of Contribution: \$        .00

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

**Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:**       

**Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:**

**Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**IV \* Itemized Expenses**

Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	

**V Subjects lobbied:**

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

**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:**

A8069 A8110 S24 S31 S321 S326 S336 S448 S675 S734  
 S972 S1027 S1201 S1836 S1892 S1984 S2284 S2769  
 S3080 S3287 S3397 S3424 S3425 S3433 S3463 S3472  
 S3596 S3810B S3875 S3901 S4028 S4029 S4046 S4119  
 S4276 S4443 S4630 S4656 S4657 S4658 S4744 S4841  
 S4842 S4844A S4879 S4899 S4900 S4921 S4998 S5123A  
 S5233 S5245A S5412 S5536A S5846A

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

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

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

**VI** Subjects lobbied:

OIL AND NATURAL GAS ISSUES

Continued on attached pages

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

EXECUTIVE CHAMBER, NYS SENATE/ASSEMBLY, VARIOUS STATE AGENCIES/COMMITTEES

Continued on attached pages

**VII** Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A37 A269 A281 A300 A430 A626 A722 A777 A780 A784  
 A839 A840 A842 A844 A845 A849 A850 A882 A1040 A1349  
 A1363 A1672 A1690 A1770 A2047 A2188 A2265 A2534  
 A2592A A2741 A2908 A3187 A3556 A3634 A3674 A3806  
 A3866 A4077 A4753B A4760 A4933 A4951 A5132 A5378  
 A5653 A5656 A5672A A5818 A5833 A5968 A5974 A5975  
 A5977 A6099 A6100 A6104A A6106 A6365 A6520 A6544 A6

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

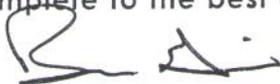
**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

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:



DATE: 7/11/13

PRINT NAME: LAST Gill

FIRST Brad

TITLE: Executive Director

Mark One:  Chief Administrative Officer  Designee(Attach Letter)

**The following MUST be attached to this report at the time of submission:**

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III,IV,V,VI,VII,VIII,IX and X.

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.