

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: **chk# 1290 \$50**

FOR OFFICE USE ONLY
Cjm **HAND DELIVERED** *Amendment*
RECEIVED JUL 15 2013
Amended to include Soft

Confirmation# CSR0051626

II Client Information

Name: Independent Power Producers of New York, Inc.
 Permanent Business Address: 194 Washington Avenue, Suite 315
 City: Albany State: NY ZIP code: 12210
 Business Phone: 518-436-3749 Fax Number: 518-436-0369
 Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$ **.00**

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$ **.00**

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address:
 City: State: ZIP code:
 Compensation for current period: \$ **.00**

Continued on attached pages

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

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$.00
B Report in the aggregate all expenses for salaries of non-lobbying employees: \$.00

C Itemize each expense exceeding \$75:

PAID TO: DATE: / / Ad Social Event
 PURPOSE: AMOUNT: \$.00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

PAID TO: DATE: / / Ad Social Event
 PURPOSE: AMOUNT: \$.00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

Continued on attached pages

* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D Total expenses for current period: \$.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.
A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: New Athens Generating Company
 or
 Single Source Person's Last Name: First Name:
 Address: 50 Braintree Hill Office Park, Suite 300
 City: Braintree State: MA ZIP code: 02184
 Phone: 781-817-8961
 Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 3294 .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: Saranac Power Partners
 or
 Single Source Person's Last Name: First Name:
 Address: PO Box 2985
 City: Plattsburgh State: NY ZIP code: 12901
 Phone: 518-563-1072
 Date Contribution Received: 1 / 2 / 2013 Amount of Contribution: \$ 2100 .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: NRG Energy, Inc.

or
Single Source Person's Last Name:

First Name:

Address: PO Box 1001, 1886 River Road

City: Middletown

State: CT

ZIP code: 06457

Phone: 800-343-6967

Date Contribution Received:	1	/10	/2013	Amount of Contribution:	\$3294	.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: Dominion

or
Single Source Person's Last Name:

First Name:

Address: Rope Ferry Road, Bldg 475, 5th Floor

City: Waterford

State: CT

ZIP code: 06385

Phone: 804-771-3690

Date Contribution Received:	1	/15	/2013	Amount of Contribution:	\$1500	.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: Edison Mission Marketing & Trading

or
Single Source Person's Last Name:

First Name:

Address: 1 International Place

City: Boston

State: MA

ZIP code: 02110

Phone: 617-279-3364

Date Contribution Received:	1	/15	/2013	Amount of Contribution:	\$450	.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: HESS Corporation

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

Address: One Hess Plaza WB-12

City: Woodbridge State: NJ ZIP code: 07095

Phone: 732-750-6036

Date Contribution Received:	1	/	15	/	2013	Amount of Contribution:	\$2100	.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: Indeck Energy Services

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

Address: 600 N. Buffalo Grove Road, #300

City: Buffalo Grove State: IL ZIP code: 60089

Phone: 847-520-3212

Date Contribution Received:	1	/	15	/	2013	Amount of Contribution:	\$ 1800	.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: NextEra Energy Resources

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

Address: 700 Universe Blvd, FEX

City: Juno Beach State: FL ZIP code: 33408

Phone: 561-304-5201

Date Contribution Received:	1	/	15	/	2013	Amount of Contribution:	\$ 1896	.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: Mercer Asset Management

or

Single Source Person's Last Name:

First Name:

Address: Three E-Comm Square

City: Albany

State: NY

ZIP code: 12207

Phone: 518-434-1412

Date Contribution Received: 1 / 18 / 2013 Amount of Contribution: \$324 .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: PPL Energy Plus, LLC

or

Single Source Person's Last Name:

First Name:

Address: 2 North 9th Street, GENPL7

City: Allentown

State: PA

ZIP code: 18101

Phone: 610-774-7316

Date Contribution Received: 1 / 18 / 2013 Amount of Contribution: \$ 450 .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: Advanced Power NA

or

Single Source Person's Last Name:

First Name:

Address: 31 Milk Street, Suite 1001

City: Boston

State: MA

ZIP code: 02109

Phone: 617-456-2214

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$ 450 .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 # 3

Single Source Entity's Name: Ontario Power Generation

or

Single Source Person's Last Name:

First Name:

Address: 700 University Avenue, Room H18 G3

City: Toronto

State: ON

ZIP code: M5G 1X6

Phone: 416-592-8541

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$ 450 .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: Upstate New York Power Producers

or

Single Source Person's Last Name:

First Name:

Address: 228 Cayuga Drive

City: Lansing

State: NY

ZIP code: 14882

Phone: 607-553-7913

Date Contribution Received: 1 / 22 / 2013 Amount of Contribution: \$ 2100 .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: Dynegy Inc

or

Single Source Person's Last Name:

First Name:

Address: 601 Travis Street, Suite 1400

City: Houston

State: TX

ZIP code: 77002

Phone: 713-507-6400

Date Contribution Received: 1 / 24 / 2013 Amount of Contribution: \$ 3294 .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 # 15**

Single Source Entity's Name: Fortistar / Lockport

or

Single Source Person's Last Name:

First Name:

Address: 1 North Lexington Avenue

City: White Plains

State: NY

ZIP code: 10601

Phone: 914-421-4900

Date Contribution Received: 1 / 24 / 2013 Amount of Contribution: \$ 900 .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 # 16**

Single Source Entity's Name: Rensselaer Cogeneration

or

Single Source Person's Last Name:

First Name:

Address: 39 Riverside Avenue

City: Rensselaer

State: NY

ZIP code: 12144

Phone: 518-465-1657

Date Contribution Received: 1 / 28 / 2013 Amount of Contribution: \$ 1230 .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: Astoria Energy LLC

or

Single Source Person's Last Name:

First Name:

Address: 17-10 Steinway Street

City: Astoria

State: NY

ZIP code: 11105

Phone: 718-274-7700

Date Contribution Received: 1 / 30 / 2013 Amount of Contribution: \$ 3294 .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 # 18

Single Source Entity's Name: Covanta Energy Corporation

or
Single Source Person's Last Name:

First Name:

Address: 445 South Street

City: Morristown

State: NJ

ZIP code: 07960

Phone: 802-345-5000

Date Contribution Received:	1	/30	/2013	Amount of Contribution:	\$ 1800	.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: PSEG Power New York, Inc.

or
Single Source Person's Last Name:

First Name:

Address: 130 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Phone: 518-449-0050

Date Contribution Received:	2	/1	/2013	Amount of Contribution:	\$ 2400	.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: Exelon Corporation

or
Single Source Person's Last Name:

First Name:

Address: 111 Market Place

City: Baltimore

State: MD

ZIP code: 21203

Phone: 410-470-5145

Date Contribution Received:	2	/6	/2013	Amount of Contribution:	\$ 3294	.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: Selkirk Cogen

or
Single Source Person's Last Name:

First Name:

Address: 24 Power Park Drive

City: Selkirk

State: NY

ZIP code: 12158

Phone: 518-475-5773

Date Contribution Received:	2	/6	/ 2013	Amount of Contribution:	\$ 2100	.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 # 22

Single Source Entity's Name: East Coast Power

or
Single Source Person's Last Name:

First Name:

Address: 120 Long Ridge Road

City: Stamford

State: CT

ZIP code: 06927

Phone: 203-357-6820

Date Contribution Received:	2	/12	/ 2013	Amount of Contribution:	\$ 2100	.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: First Wind

or
Single Source Person's Last Name:

First Name:

Address: 129 Middle Street, 3rd Floor

City: Portland

State: ME

ZIP code: 04101

Phone: 207-228-0871

Date Contribution Received:	2	/25	/ 2013	Amount of Contribution:	\$ 1896	.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 # 24**

Single Source Entity's Name: Invenergy LLC

or
Single Source Person's Last Name:

First Name:

Address: One South Wacker Drive, Suite 1900

City: Chicago

State: IL

ZIP code: 60606

Phone: 312-582-1430

Date Contribution Received:	2	/25	/2013	Amount of Contribution:	\$ 1896	.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: JPower USA

or
Single Source Person's Last Name:

First Name:

Address: 1900 E Golf Road, Suite 1030

City: Schaumburg

State: IL

ZIP code: 60173

Phone: 847-908-2870

Date Contribution Received:	3	/14	/2013	Amount of Contribution:	\$ 1800	.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 # 26**

Single Source Entity's Name: EverPower Wind Holdings

or
Single Source Person's Last Name:

First Name:

Address: 44 East 30th Street, 10th Floor

City: New York

State: NY

ZIP code: 10016

Phone: 212-647-8111

Date Contribution Received:	4	/8	/2013	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:

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 # 27

Single Source Entity's Name: Noble Enironmental Power

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

Address: 8 Railroad Avenue

City: Essex State: CT ZIP code: 06426

Phone: 860-581-5083

Date Contribution Received:	6 / 24 / 2013	Amount of Contribution:	\$ 2100	.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 # 28

Single Source Entity's Name: Calpine Corporation

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

Address: 14 Phillips Road

City: Falmouth State: ME ZIP code: 04105

Phone: 207-671-1621

Date Contribution Received:	12 / 19 / 2012	Amount of Contribution:	\$ 2100	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

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

Contributions from Single Source # _____

Single Source Entity's Name:

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

Address:

City: State: ZIP code:

Phone:

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

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

V Source of Funding Disclosure

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

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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

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

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

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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

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

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

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

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

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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

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

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

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

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

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

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

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

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

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

VI Subjects lobbied:

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

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

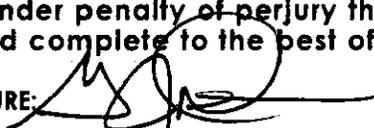
Continued on attached pages

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: 7/15/13

PRINT NAME: LAST Donohue

FIRST Gavin

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.