

# 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.

## Reporting Information

Year: 2013  
Fill in circle if amendment   
Report Period:  January/June  July/December  
Type of Lobbying:  Nonprocurement  Procurement  Both  
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*Cjm*

Amendment

*Amended for Sof F*

RECEIVED JUL 16 2013

*VI:CAO*

## Client Information

Name: Medical Society of the State of New York  
Permanent Business Address: 99 Washington Ave., Suite 408  
City: Albany State: NY ZIP code: 12210  
Business Phone: (518) 465-8085 Fax Number: (518) 465-0976  
Third Party Beneficiary (see instructions):

## 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

*Handwritten: HILL ELECTRONIC*

Continued on attached pages

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

**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: \$ \_\_\_\_\_  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

ELECTRONICALLY  
 FILED

PAID TO: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  Ad  Social Event

PURPOSE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_  \*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)

**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: Medical Liability Mutual Insurance Company  
 or  
 Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 2 Park Avenue, Suite 5000  
 City: New York State: NY ZIP code: 10016  
 Phone: (212) 576-9800

Date Contribution Received:	10 / 01 / 2012	Amount of Contribution:	\$ 32500	.00
Date Contribution Received:	07 / 02 / 2012	Amount of Contribution:	\$ 32500	.00
Date Contribution Received:	01 / 03 / 2012	Amount of Contribution:	\$ 27977	.00
Date Contribution Received:	02 / 07 / 2013	Amount of Contribution:	\$ 32500	.00
Date Contribution Received:	04 / 18 / 2013	Amount of Contribution:	\$ 32500	.00

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

**Contribution(s) Single Source #2**

Single Source Entity's Name: Physicians' Reciprocal Insurers  
 or  
 Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 1800 Northern Boulevard  
 City: Roslyn State: NY ZIP code: 11576  
 Phone: (800) 632-6040

Date Contribution Received:	11 / 9 / 2012	Amount of Contribution:	\$ 17234	.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.

**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: Pfizer, Inc.

or

Single Source Person's Last Name:

First Name:

Address: 235 East 42nd St.

City: New York

State: NY

ZIP code:

Phone: (901) 215-1111

Date Contribution Received: 07 / 03 / 2012 Amount of Contribution: \$1300 .00

Date Contribution Received: 03 / 01 / 2013 Amount of Contribution: \$1300 .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: AstraZeneca Pharmaceuticals LP

or

Single Source Person's Last Name:

First Name:

Address: 1800 Concord Pike, PO Box 15437

City: Wilmington

State: DE

ZIP code:

Phone: (302) 886-3000

Date Contribution Received: 12 / 05 / 2012 Amount of Contribution: \$ 650 .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: Genentech

or

Single Source Person's Last Name:

First Name:

Address: 1 DNA Way

City: South San Francisco

State: CA

ZIP code: 94080

Phone: (650) 225-1000

Date Contribution Received: 03 / / 2013 Amount of Contribution: \$650 .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: John Mather Memorial Hospital at St. Charles

or  
Single Source Person's Last Name:

First Name:

Address: 75 N. Country Rd.

City: Port Jefferson

State: NY

ZIP code: 11777

Phone: (631) 473-1320, x-4259

Date Contribution Received:	07 / 24 / 2012	Amount of Contribution:	\$3014	.00
Date Contribution Received:	10 / 12 / 2012	Amount of Contribution:	\$3014	.00
Date Contribution Received:	04 / 12 / 2013	Amount of Contribution:	\$3014	.00
Date Contribution Received:	06 / 28 / 2013	Amount of Contribution:	\$3014	.00
Date Contribution Received:	01 / 29 / 2013	Amount of Contribution:	\$2617	.00

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

**Contributions from Single Source # 7**

Single Source Entity's Name: Brookhaven Memorial Hospital Center

or  
Single Source Person's Last Name:

First Name:

Address: 101 Hospital Road

City: Patchogue

State: NY

ZIP code: 11772

Phone: (631) 654-7100

Date Contribution Received:	07 / 30 / 2012	Amount of Contribution:	\$ 1625	.00
Date Contribution Received:	11 / 14 / 2012	Amount of Contribution:	\$ 1625	.00
Date Contribution Received:	04 / 12 / 2013	Amount of Contribution:	\$ 1625	.00
Date Contribution Received:	06 / 06 / 2013	Amount of Contribution:	\$ 1625	.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: New York Hospital Medical Center Queens

or  
Single Source Person's Last Name:

First Name:

Address: 56-45 Main St, Dept of Anesthesia

City: Flushing

State: NY

ZIP code: 11355

Phone: (718) 670-1380

Date Contribution Received:	11 / 30 / 2012	Amount of Contribution:	\$1632	.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.

**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: New York Health Care Association, Inc.

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

Address: 100 Merrick Rd.

City: Rockville Centre State: NY ZIP code: 11570

Phone: (516) 255-6060

Date Contribution Received:	06 / 10 / 2013	Amount of Contribution:	\$650	.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: Midtown Surgery Center

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

Address: 305 East 47th Street, Concourse Level

City: New York State: NY ZIP code: 10017

Phone: (212) 751-2100

Date Contribution Received:	06 / 05 / 2013	Amount of Contribution:	\$ 10,400	.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: Schenectady Anesthesia Assoc, P.C.

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

Address: 1201 Nott St, Suite 106

City: Schenectady State: NY ZIP code: 12308

Phone: (518) 374-3123

Date Contribution Received:	01 / 14 / 2013	Amount of Contribution:	\$1122	.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: Albany Gastroenterology Consultants, PC

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

Address: 1375 Washington Ave, Suite 101

City: Albany State: NY ZIP code: 12206

Phone: (518) 438-4483

Date Contribution Received:	01 / 15 / 2013	Amount of Contribution:	\$1502	.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: Prime Care Physicians PLLC

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

Address: PO Box 12190

City: Albany State: NY ZIP code: 12212

Phone: (518) 435-2740

Date Contribution Received:	01 / 22 / 2013	Amount of Contribution:	\$ 692	.00
Date Contribution Received:	01 / 22 / 2013	Amount of Contribution:	\$ 4746	.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: Upstate Group

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

Address: 750 E Adams St

City: Syracuse State: NY ZIP code: 13210

Phone: (315) 464-5540

Date Contribution Received:	01 / 22 / 2013	Amount of Contribution:	\$1076	.00
Date Contribution Received:	03 / 15 / 2013	Amount of Contribution:	\$969	.00
Date Contribution Received:	04 / 08 / 2013	Amount of Contribution:	\$5427	.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: CapitalCare Medical Group

or  
Single Source Person's Last Name:

First Name:

Address: 501 New Karner Rd, Ste 1A

City: Colonie

State: NY

ZIP code: 12205

Phone: (518) 452-1337

Date Contribution Received:	01 / 23 / 2013	Amount of Contribution:	\$1207	.00
Date Contribution Received:	01 / 23 / 2013	Amount of Contribution:	\$2310	.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: Cardiology Associates of Schenectady, P.C.

or  
Single Source Person's Last Name:

First Name:

Address: 2546 Balltown Rd

City: Schenectady

State: NY

ZIP code: 12309

Phone: (518) 377-8184

Date Contribution Received:	01 / 25 / 2013	Amount of Contribution:	\$1568	.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: HUDSON HEADWATERS HEALTH NETWORK

or  
Single Source Person's Last Name:

First Name:

Address: 9 Carey Rd

City: Queensbury

State: NY

ZIP code: 12804

Phone: (518) 761-0300

Date Contribution Received:	01 / 25 / 2013	Amount of Contribution:	\$2452	.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: Mount St Mary's

or  
Single Source Person's Last Name:

First Name:

Address: 5300 Military Rd

City: Lewiston

State: NY

ZIP code: 14092

Phone: (716) 297-4800

Date Contribution Received:	01 / 25 / 2013	Amount of Contribution:	\$ 1353	.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: Family Care Medical Group

or  
Single Source Person's Last Name:

First Name:

Address: 1001 West Fayette St, Ste 400

City: Syracuse

State: NY

ZIP code: 13204

Phone: (315) 492-5784

Date Contribution Received:	02 / 02 / 2013	Amount of Contribution:	\$ 2556	.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: Ear, Nose and Throat Assoc of NY

or  
Single Source Person's Last Name:

First Name:

Address: 55-28 Main St

City: Flushing

State: NY

ZIP code: 11355

Phone: (718) 445-5100

Date Contribution Received:	02 / 14 / 2013	Amount of Contribution:	\$ 1246	.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: New York Downtown Hospital

or  
Single Source Person's Last Name:

First Name:

Address: 170 William St

City: New York

State: NY

ZIP code: 10038

Phone: (212) 312-5768

Date Contribution Received:	02 / 26 / 2013	Amount of Contribution:	\$4774	.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: Niagara Falls Meml Med Ctr

or  
Single Source Person's Last Name:

First Name:

Address: 621 Tenth St

City: Niagara Falls

State: NY

ZIP code: 14302

Phone: (716) 278-4446

Date Contribution Received:	03 / 14 / 2013	Amount of Contribution:	\$ 1622	.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: Albany Medical College

or  
Single Source Person's Last Name:

First Name:

Address: 47 New Scotland Ave

City: Albany

State: NY

ZIP code: 12208

Phone: (518) 262-3125

Date Contribution Received:	03 / 07 / 2013	Amount of Contribution:	\$11663	.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: St James Mercy

or  
Single Source Person's Last Name:

First Name:

Address: 411 Canisteo St

City: Hornell

State: NY

ZIP code: 14843

Phone: (607) 324-8700

Date Contribution Received: 03 / 15 / 2013      Amount of Contribution: \$2353      .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: Bassett Healthcare

or  
Single Source Person's Last Name:

First Name:

Address: 1 Atwell Road

City: Cooperstown

State: NY

ZIP code: 13326

Phone: (607) 547-3100

Date Contribution Received: 04 / 04 / 2013      Amount of Contribution: \$ 664      .00

Date Contribution Received: 04 / 04 / 2013      Amount of Contribution: \$ 8713      .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: Northern Westchester Hospital

or  
Single Source Person's Last Name:

First Name:

Address: 400 Main St

City: Mount Kisco

State: NY

ZIP code: 10549

Phone: (914) 666-1200

Date Contribution Received: 04 / 12 / 2013      Amount of Contribution: \$3124      .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: OrthoNY  
or  
Single Source Person's Last Name: First Name:  
Address: 121 Everett Rd, Ste 100  
City: Albany State: NY ZIP code: 12205  
Phone: (518) 453-0596

Date Contribution Received:	04 / 12 / 2013	Amount of Contribution:	\$1789	.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: Zwanger-Pesiri  
or  
Single Source Person's Last Name: First Name:  
Address: 150 Sunrise Hwy  
City: Lindenhurst State: NY ZIP code: 11757  
Phone: (631) 225-7200

Date Contribution Received:	05 / 03 / 2013	Amount of Contribution:	\$ 1778	.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:

Subjects lobbied:

Continued on attached pages

Person, State Agency, Municipality or Legislative Body lobbied:

Continued on attached pages

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

Title and Identifying Numbers of procurement contracts/documents lobbied:

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

**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: Elizabeth Dears

DATE: 07/15/2013

PRINT NAME: LAST DEARS

FIRST ELIZABETH

TITLE: SENIOR VP/CHIEF LEGISLATIVE COUNSEL

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.