

# 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: N/A (AMEX Payment)

FOR OFFICE USE ONLY

*Cpm*      Amendment

JUL 15 2013

Amended to include Sof F

**II Client Information**

Name: Retail Council of New York State (RCNYS)

Permanent Business Address: 258 State Street

City: Albany      State: NY      ZIP code: 12210

Business Phone: (518) 465-3586      Fax Number: (518) 465-7960

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: **Wal-Mart Stores, Inc.**  
 or  
 Single Source Person's Last Name: First Name:  
 Address: **Hershey Square #206, 1152 Mac Street**  
 City: **Hummelstown** State: **PA** ZIP code: **17036**  
 Phone: **1-800-925-6278**

Date Contribution Received: <b>1 / 2 / 2013</b>	Amount of Contribution: \$ <b>6,134.01</b> <input checked="" type="checkbox"/>
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: **Best Buy Co, Inc.**  
 or  
 Single Source Person's Last Name: First Name:  
 Address: **7601 Penn Avenue South**  
 City: **Richfield** State: **MN** ZIP code: **55423**  
 Phone: **888-237-8289**

Date Contribution Received: <b>1 / 22 / 2013</b>	Amount of Contribution: \$ <b>4,608.70</b> <input checked="" type="checkbox"/>
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: The Retail Equation, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 6430 Oak Canyon, Suite 250

City: Irvine

State: CA

ZIP code: 92618

Phone: 888-371-1616

Date Contribution Received: 1 / 28 / 2013 Amount of Contribution: \$ 1,769 .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: JC Penney Company, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 6501 Legacy Drive, Mail Stop 1115

City: Plano

State: TX

ZIP code: 75024

Phone: 800-322-1189

Date Contribution Received: 2 / 5 / 2013 Amount of Contribution: \$ 4,776.30 ~~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: Target Stores

or  
Single Source Person's Last Name:

First Name:

Address: 1000 Nicollet Mall

City: Minneapolis

State: MN

ZIP code: 55403

Phone: 800-591-3869

Date Contribution Received: 2 / 19 / 2013 Amount of Contribution: \$ 4,245.60 ~~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: Sears Holdings Corporation

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

Address: B6-338A, 3333 Beverly Road

City: Hoffman Estates State: IL

ZIP code: 60179

Phone: 800-549-4505

Date Contribution Received: 3 / 5 / 2013 Amount of Contribution: \$ 3,113.44 ~~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: Collective Brands, Inc.

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

Address: PO Box 1189, 3231 East 6th Street

City: Topeka State: KS

ZIP code: 66601

Phone: 877-474-6379

Date Contribution Received: 3 / 12 / 2013 Amount of Contribution: \$ 1,769.00

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: Altria Client Services, Inc.

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

Address: 677 Broadway, Suite 1207

City: Albany State: NY

ZIP code: 12207

Phone: 866-275-7687

Date Contribution Received: 3 / 19 / 2013 Amount of Contribution: \$ 1,061.40 ~~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: GE Capital

or  
Single Source Person's Last Name:

First Name:

Address: 1299 Pennsylvania Avenue, NW

City: Washington

State: DC

ZIP code: 20004

Phone: 866-218-8050

Date Contribution Received: 3 / 22 / 2013 Amount of Contribution: \$ 3,538 .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: Lowe's Companies, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 1000 Lowe's Boulevard

City: Mooreville

State: NC

ZIP code: 28117

Phone: 800-445-6937

Date Contribution Received: 4 / 1 / 2013 Amount of Contribution: \$ 1,503.65 .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: Macy's

or  
Single Source Person's Last Name:

First Name:

Address: 11 Penn Plaza, 11<sup>th</sup> Floor

City: New York

State: NY

ZIP code: 10001

Phone: 800-289-6229

Date Contribution Received: 5 / 6 / 2013 Amount of Contribution: \$ 11,321.60 .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: The Home Depot

or  
Single Source Person's Last Name:

First Name:

Address: 1155 F Street, NW, Suite 400

City: Washington

State: DC

ZIP code: 20004

Phone: 866-875-5488

Date Contribution Received: 5 / 8 / 2013

Amount of Contribution: \$ 4,864.75 ~~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: AT&T

or  
Single Source Person's Last Name:

First Name:

Address: 630 Fifth Avenue, 16th Floor

City: New York

State: NY

ZIP code: 10111

Phone: 800-246-8464

Date Contribution Received: 5 / 16 / 2013

Amount of Contribution: \$ 1,326.75 ~~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: Gap, Inc.

or  
Single Source Person's Last Name:

First Name:

Address: 2 Folsom Street, 13th Floor

City: San Francisco

State: CA

ZIP code: 94105

Phone: 800-427-7895

Date Contribution Received: 6 / 10 / 2013

Amount of Contribution: \$ 3,538 .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 other 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, 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:** *James R. Sherin*      **DATE:** *2/12/13*  
**PRINT NAME: LAST** *SHERIN*      **FIRST** *JAMES*  
**TITLE:** *President + CEO*

Mark One:  Chief Administrative Officer       Designee (Attach Letter)

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

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

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