

# 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: 2012

Fill in circle if amendment ☐

Report Period: ☐ January/June ☒ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number: 54848

## FOR OFFICE USE ONLY

Cym 130901

RECEIVED JAN 15 2013

EN'D FEB 20 2013

HAND DELIVERED

IVD: 518 #324

CK# 54848 50-

## II Client Information

Name: Adult Day Health Care Council (ADHCC)

Permanent Business Address: 13 British American Blvd.

City: Latham State: NY ZIP code: 12110

Business Phone: (518) 867-8383 Fax Number: (518) 867-8384

Third Party Beneficiary (see instructions): No

## 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: Whitman Osterman & Hanna LLP Phone Number: (518) 487-7741

Address: One Commerce Plaza

City: Albany State: NY ZIP code: 12260

Compensation for current period: \$ 20,000 .00

**B** Type of Lobbyist: ☐ Retained ☒ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: Christine M. Fitzpatrick Phone Number: (518) 867-8383

Address: c/o Adult Day Health Care Council, 13 British American Blvd.

City: Latham State: NY ZIP code: 12110

Compensation for current period: \$ 3,767 .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): \$ 23,767 .00

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

A Report in the aggregate all expenses less than or equal to \$75: \$ 60 .00

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

C Itemize each expense exceeding \$75:

PAID TO: *Whiteman Osterman & Hanna* DATE: *8 / 23 / 2012* ☐ Ad ☐ Social Event

PURPOSE: *Expenses* AMOUNT: \$ *245* .00 ☐ \*Addendum attached

☐ PROCUREMENT ☒ NONPROCUREMENT

PAID TO: *Whiteman Osterman & Hanna* DATE: *11 / 14 / 2012* ☐ Ad ☐ Social Event

PURPOSE: *Expenses* AMOUNT: \$ *19* .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: \$ *264* .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:

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: ☐

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

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: ☐

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

**V Source of Funding Disclosure****B** Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.**Contributions from Single Source #1** *Islip Adult Day Services*Related or Affiliated Entity or Person: *Nesconset Center for Nursing & Rehab*

Entity's or Person's Full Name:

Entity's or Person's Address: *575 Clayton St, Central Islip NY 11722*Entity's or Person's Phone: *(631) 234-0550*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *9/28/12* Amount of Contribution: \$ *882* .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Check here if using section V(C) of the Addendum for additional Contributions: ☐Related or Affiliated Entity or Person: *Middle Island Adult Day Services*

Entity's or Person's Full Name:

Entity's or Person's Address: *45 Rocky Point Road, Middle Island, NY 11953*Entity's or Person's Phone: *(631) 924-0700*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *9/28/12* Amount of Contribution: \$ *735* .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Check 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** *Northern Adult Day Center*Related or Affiliated Entity or Person: *Northern Manor Multicare Center*

Entity's or Person's Full Name:

Entity's or Person's Address: *1 Prospect Park West, Bklyn, NY 11215*Entity's or Person's Phone: *(718) 789-6898*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *8/27/12* Amount of Contribution: \$ *980* .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Check here if using section V(C) of the Addendum for additional Contributions: ☐Related or Affiliated Entity or Person: *Northern Metropolitan Adult Day Health Care*

Entity's or Person's Full Name:

Entity's or Person's Address: *225 Maple Ave, Monsey, NY 10952*Entity's or Person's Phone: *(845) 352-9000*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *3/27/12* Amount of Contribution: \$ *452* .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Date Contribution Received: */ /* Amount of Contribution: \$ .00Check 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:

Budget funding - issues related to  
adult day health care

☐ Continued on attached pages

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

Executive Branch, Executive  
Chamber, NYS Assembly,  
NYS Senate

☐ 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:

NYCRR  
Title 10 Section 425.9, 86-2.9

☐ Continued on attached pages

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

~~1511~~ None

☐ Continued on attached pages

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

~~1511~~ None

☐ Continued on attached pages

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

None

☐ 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: *Christine M. Fitzpatrick*

DATE: 1/15/13

PRINT NAME: LAST *Fitzpatrick*

FIRST *Christine M.*

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.