**I Reporting Information**

- **Year:** 2012
- **Report Period:** 2012: January/June
- **Type of Lobbying:** Nonprocurement
- **Client Filing Fee Check Number:** 288413

**II Client Information**

- **Name:** APA New York State Inc.
- **Permanent Business Address:** 1415 Franklin Ave
- **City:** Garden City
- **Business Phone:** 516-873-2257
- **State:** NY
- **ZIP code:** 11530
- **Fax Number:** 516-873-2358

**III Lobbyist/Client 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.*

<table>
<thead>
<tr>
<th>Type of Lobbyist</th>
<th>Level of Gov't</th>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>Compensation for current period: $</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>.00</td>
</tr>
</tbody>
</table>

- **Type of Lobbyist:** Retained
- **Level of Gov't:** State Lobbying
- **Phone Number:**
- **State:** NY
- **ZIP code:** 11530

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**TOTAL COMPENSATION at ALL lobbyists for current period...........(A+B+C+addendum sheets): $ .00**
A. Report in the aggregate all expenses less than or equal to $75:

$387.00

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

$RECEIVED JAN 1 2013

C. Itemize each expense exceeding $75:

PAID TO: CAPWIZ
PURPOSE: Computer/Storage System
AMOUNT: $3592.00

PAID TO:
PURPOSE:
AMOUNT: $0.00

*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: $19,662.00

[Source of Funding/Disbursement]

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. 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.

Contributions from Single Source #1

Single Source Entity's Name: AAA New York (Act Club of NY)

Address: 1415 Franklin Place
City: Garden City
State: NY
ZIP code: 11530

Date Contribution Received: 7/1/2012
Amount of Contribution: $6,708.00

Date Contribution Received: 7/1/2012
Amount of Contribution: $6,947.00

Date Contribution Received: 7/1/2012
Amount of Contribution: $2,202.00

Date Contribution Received: 10/1/2012
Amount of Contribution: $4,469.00

Date Contribution Received: 11/1/2012
Amount of Contribution: $3,931.00

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

Contributions from Single Source #2

Single Source Entity’s Name: AAA Western & Central NY

Address: 100 Independence Drive
City: Amherst
State: NY
ZIP code: 14221

Date Contribution Received: 7/1/2012
Amount of Contribution: $3,127.00

Date Contribution Received: 7/1/2012
Amount of Contribution: $3,023.00

Date Contribution Received: 7/1/2012
Amount of Contribution: $0.00

Date Contribution Received: 7/1/2012
Amount of Contribution: $0.00

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

Check here if there are Contributions from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:
B  Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

<table>
<thead>
<tr>
<th>Single Source #1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related or Affiliated Entity or Person: APA, New York</td>
</tr>
<tr>
<td>Entity’s or Person’s Full Name: APA</td>
</tr>
<tr>
<td>Entity’s or Person’s Address:</td>
</tr>
<tr>
<td>Entity’s or Person’s Phone:</td>
</tr>
<tr>
<td>Dates and Amounts of Contributions from Entity or Person:</td>
</tr>
<tr>
<td>Date Contribution Received: 12/15/2012</td>
</tr>
<tr>
<td>Date Contribution Received:</td>
</tr>
<tr>
<td>Date Contribution Received:</td>
</tr>
<tr>
<td>Date Contribution Received:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Single Source #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Related or Affiliated Entity or Person: APA, Vernon, Central NY</td>
</tr>
<tr>
<td>Entity’s or Person’s Full Name: APA</td>
</tr>
<tr>
<td>Entity’s or Person’s Address:</td>
</tr>
<tr>
<td>Entity’s or Person’s Phone:</td>
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</table>
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: [Signature]

DATE: 1/11/113

FIRST: Dennis

SECOND: Cross

PRINT NAME: LAST: Cross

TITLE: [Title] Chief Administrative Officer

Mark One: [ ] Chief Administrative Officer [ ] Designee (Attach Letter)

-- 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.