

NY STATE CRIMINAL JUSTICE TRAINING BOARD STATE CRIMINAL JUSTICE TRAINING BOARD 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: 288413

FOR OFFICE USE ONLY

RECEIVED JAN 18 2013

II Client Information

Name: AAA New York State, Inc.

Permanent Business Address: 1415 Killam Place

City: Garden City State: NY ZIP code: 11530

Business Phone: 516 873-2259 Fax Number: 516 873-2355

Third Party Beneficiary (see instructions): None

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.

<p>A Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated</p> <p>Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP code: _____</p> <p>Compensation for current period: \$ _____ .00</p>
<p>B Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated</p> <p>Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP code: _____</p> <p>Compensation for current period: \$ _____ .00</p>
<p>C Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated</p> <p>Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both</p> <p>Name: _____ Phone Number: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ ZIP code: _____</p> <p>Compensation for current period: \$ _____ .00</p>

Continued on attached pages

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

IV Report in the aggregate all expenses less than or equal to \$75: \$ 384 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ RECEIVED JAN 07 2013

C Itemize each expense exceeding \$75:

PAID TO: CAPWIZ DATE: 08/01/2012 Ad Social Event

PURPOSE: Computer/Grassroots System AMOUNT: \$ 3592 .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: \$ 19102 .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 AAA New York

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

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

Address: 1415 Killman Place

City: Garden City State: NY ZIP code: 11530

Phone: 516 873 2259

Date Contribution Received: 7/15/2012	Amount of Contribution: \$ 6,708 .00
Date Contribution Received: 8/15/2012	Amount of Contribution: \$ 6,497 .00
Date Contribution Received: 9/15/2012	Amount of Contribution: \$ 2,202 .00
Date Contribution Received: 10/15/2012	Amount of Contribution: \$ 4,469 .00
Date Contribution Received: 11/15/2012	Amount of Contribution: \$ 3,931 .00

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

Contribution(s) Single Source #2 AAA Western + Central NY

Single Source Entity's Name: AAA Western + Central NY

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

Address: 100 International Drive

City: Amherst State: NY ZIP code: 14221

Phone: 716 633-9868

Date Contribution Received: 7/15/2012	Amount of Contribution: \$ 3128 .00
Date Contribution Received: 8/15/2012	Amount of Contribution: \$ 3023 .00
Date Contribution Received: 9/15/2012	Amount of Contribution: \$ 0 .00
Date Contribution Received: 10/15/2012	Amount of Contribution: \$ 0 .00
Date Contribution Received: 11/15/2012	Amount of Contribution: \$ 1656 .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:

