

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: 9812

FOR OFFICE USE ONLY

CK#9812 \$50- 130261

RECEIVED JAN 10 2013

ENT'D JAN 25 2013

II Client Information

Name: ADC CONSTRUCTION/MASPETH RECYCLING

Permanent Business Address: 5808 48TH STREET

City: MASPETH

Business Phone: (718) 628-0234

Third Party Beneficiary (see instructions):

State: NY ZIP code: 11378

Fax Number:

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: SHELTER ROCK STRATEGIES LLC

Address: 300 GARDEN CITY PLAZA, 4TH FLOOR

City: GARDEN CITY

Compensation for current period: \$62,500 .00

Phone Number: (516) 294-4000

State: NY ZIP code: 11530

B Type of Lobbyist: Retained Employed Designated

Level of Gov't: State Lobbying Local Lobbying Both

Name:

Address:

City:

Compensation for current period: \$.00

Phone Number:

State: ZIP code:

C Type of Lobbyist: Retained Employed Designated

Level of Gov't: State Lobbying Local Lobbying Both

Name:

Address:

City:

Compensation for current period: \$.00

Phone Number:

State: ZIP code:

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$62,500 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> 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:	\$ 0 .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: *ADC Construction, LLC*
 or
 Single Source Person's Last Name: _____ First Name: _____
 Address: *58-08 48th street*
 City: *Maspeth* State: *N.J.* ZIP code: *11378*
 Phone: *718-628-5555*

Date Contribution Received: <i>6 / 15 / 12</i>	Amount of Contribution: \$ <i>25,000</i> .00
Date Contribution Received: <i>7 / 5 / 12</i>	Amount of Contribution: \$ <i>7,500</i> .00
Date Contribution Received: <i>8 / 16 / 12</i>	Amount of Contribution: \$ <i>7,500</i> .00
Date Contribution Received: <i>9 / 19 / 12</i>	Amount of Contribution: \$ <i>7,500</i> .00
Date Contribution Received: <i>12 / 20 / 12</i>	Amount of Contribution: \$ <i>15,000</i> .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:

