New York Temporary State Commission on Lobbying
On-Line Lobbyist Registration System

User: Lori Donadio

Lobbyist Registration Details Menu Lobbyist Menu

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0000000813
Print a copy of this page for your records.

Year of registration: 2003
Report Period:
Mark one:
☑ January - February ☐ March - April ☐ May - June (Semi-Annual)
☐ July - August ☐ September - October ☐ November - December (Semi-Annual)

Principal Lobbyist Information

Principal Lobbyist Name: POWERS CRANE & COMPANY, LLC
Business Address 1: 90 STATE STREET
Business Address 2: SUITE 1422
City: ALBANY
State/Province: NY
Zip Code: 12207
Business Phone: (518) 431-0720
Fax Number: (518) 431-0721
Email Address: ANKOSIER@POWERSCRANE.COM
Type of Lobbying: NonProcurement
Level of Government you will lobby: State
Type of Lobbyist: Retained

Additional Lobbyists

Help

First Name Last Name
SESAME CAMPBELL
CONSTANCE CRANE
JUDITH KLEIN
ANDREA KOSIER
Client Information

Client Business Name: DUANE READE, INC.
Business Address 1: 440 NINTH AVENUE
Business Address 2:
City: NEW YORK
State/Province: NY
Zip Code: 10001
Country: UNITED STATES
Business Phone: (212) 273-5707
Fax Number: (212) 494-6299
Chief Administrative Officer First Name: GARY
Chief Administrative Officer Last Name: CHARBONEAU
Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:
Business Address 1:
Business Address 2:
City:
State/Province:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
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<tbody>
<tr>
<td>$6,000</td>
<td>$354</td>
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</tbody>
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Lobbying Expenses (Current Period Only)
Help
A. Report in the aggregate all expenses less than or equal to $75: $188
B. Report in the aggregate all expenses for salaries of non-lobbying employees: $0
C. Itemize all expenses exceeding $75:
I have no itemized expenses to report for this period.
☐ Check box to agree with previous statement or enter expenses below

<table>
<thead>
<tr>
<th>Paid to</th>
<th>Date</th>
<th>Purpose</th>
<th>Ad? Social Event?</th>
<th>Amount</th>
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<tbody>
<tr>
<td>LRS</td>
<td>01/01/2003</td>
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<td>❑</td>
<td>$83</td>
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<td>LRS</td>
<td>02/01/2003</td>
<td>LEGISLATIVE REPORTING</td>
<td>❑</td>
<td>$83</td>
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</table>

D. Total expenses for current period (A+B+C) : $354

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

NYS ASSEMBLY, NYS DEPT OF HEALTH, NYS EXECUTIVE CHAMBER, NYS SENATE

Bill, Rule, Regulation or Rate Numbers on which you lobbied:

BUDGET 2003

Title and Identifying # of procurement contracts and documents on which you expect to lobby:

☑ Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

☑ Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

☑ Check if none lobbied

Actual Submission Date

Actual submission date:
Declaration

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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

☐ Check box to agree with previous statement

Date: 03/13/2003

First Name: CONSTANCE
Last Name: CRANE

Comments:

Workflow

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Client Information

Client Business Name: DUANE READE, INC.
Business Address 1: 440 NINTH AVENUE
City: NEW YORK
State/Province: NY
Zip Code: 10001
Country: UNITED STATES
Business Phone: (212) 273-5707
Fax Number: (212) 494-8299
Chief Administrative Officer First Name: GARY
Chief Administrative Officer Last Name: CHARBONEAU
Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:
Business Address 1:
Business Address 2:
City:
State/Province:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:

Compensation (Current Period Only) $6,000
Reimbursed Expenses (Current Period Only) $668

Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75: $141
B. Report in the aggregate all expenses for salaries of non-lobbying employees: $0
C. Itemize all expenses exceeding $75:

I have no itemized expenses to report for this period.

☐ Check box to agree with previous statement or enter expenses below

<table>
<thead>
<tr>
<th>Paid to</th>
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D. Total expenses for current period (A+B+C): $668

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

DOH, EXECUTIVE CHAMBER, NYS SENATE & ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:


Title and Identifying # of procurement contracts and documents on which you expect to lobby:

☑ Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

☑ Check if none lobbied
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

☑ Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration

Help
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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

☑ Check box to agree with previous statement

Date: 05/14/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

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Lobbyist Bi-Monthly Report

Year of registration: 2003
Report Period:
Mark one:
☐ January - February  ☐ March - April  ☐ May - June (Semi-Annual)
☐ July - August  ☐ September - October  ☐ November - December (Semi-Annual)

Principal Lobbyist Information

Principal Lobbyist Name:  POWERS CRANE & COMPANY, LLC
Business Address 1:  90 STATE STREET
Business Address 2:  SUITE 1422
City:  ALBANY
State/Province:  NY
Zip Code:  12207
Business Phone:  (518) 431-0720
Fax Number:  (518) 431-0721
Email Address:  ANKOSIER@POWERSCRANECO.COM
Type of Lobbying:  NonProcurement
Level of Government you will lobby:  State
Type of Lobbyist:  Retained

Additional Lobbyists

First Name  Last Name
CONSTANCE  CRANE
JUDITH  KLEIN
ANDREA  KOSIER
MATTHEW  POWERS
WILLIAM POWERS

Client Information

Client Business Name: DUANE READE, INC.
Business Address 1: 440 NINTH AVENUE
Business Address 2:

City: NEW YORK
State/Province: NY
Zip Code: 10001
Country: UNITED STATES
Business Phone: (212) 273-5707
Fax Number: (212) 494-8299

Chief Administrative Officer First Name: GARY
Chief Administrative Officer Last Name: CHARBONEAU
Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:
Business Address 1:
Business Address 2:

City:
State/Province:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:

Compensation (Current Period Only) $6,000
Reimbursed Expenses (Current Period Only) $695

Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75: $144
B. Report in the aggregate all expenses for salaries of non-lobbying employees: $0
C. Itemize all expenses exceeding $75:

I have no itemized expenses to report for this period.

☐ Check box to agree with previous statement or enter expenses below

<table>
<thead>
<tr>
<th>Paid to</th>
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<th>Ad?</th>
<th>Social Event?</th>
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<td>LEGIS REP</td>
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<td>☐</td>
<td>$83</td>
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<th>Ad?</th>
<th>Social Event?</th>
<th>Amount</th>
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D. Total expenses for current period (A+B+C) $995

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

NYS EXECUTIVE BRANCH, NYS SENATE, NYS ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:


Title and Identifying # of procurement contracts and documents on which you expect to lobby:

☑ Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

☑ Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

☑ Check if none lobbied
Actual Submission Date

Actual submission date:

Declaration

Help
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.
(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).
☑ Check box to agree with previous statement

Date: 07/02/2003

First Name: CONSTANCE
Last Name: CRANE

Comments:

Workflow

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Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0000006880
Print a copy of this page for your records.

Year of registration: 2003
Report Period:
Mark one:
☐ January - February ☐ March - April ☐ May - June (Semi-Annual)
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State/Province: NY
Zip Code: 12207
Business Phone: (518) 431-0720
Fax Number: (518) 431-0721
Email Address: ANKOSIER@POWERSCRANECO.COM
Type of Lobbying: NonProcurement
Level of Government you will lobby: State
Type of Lobbyist: Retained

Additional Lobbyists

First Name Last Name
CONSTANCE CRANE
JUDITH KLEIN
ANDREA KOSIER
MATTHEW POWERS
Client Information

Client Business Name: DUANE READE, INC.
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   State/Province: NY
   Zip Code: 10001
   Country: UNITED STATES
   Business Phone: (212) 273-5707
   Fax Number: (212) 494-8299
Chief Administrative Officer First Name: GARY
Chief Administrative Officer Last Name: CHARBONEAU
Chief Administrative Officer Title: SENIOR VICE PRESIDENT

— Third party information —

Name:
Business Address 1:
Business Address 2:
   City:
   State/Province:
   Zip Code:
   Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:

Help

Compensation (Current Period Only)  Reimbursed Expenses (Current Period Only)
$6,000  $315

Lobbying Expenses (Current Period Only)
Help
Lobbyist Bi-Monthly Report

A. Report in the aggregate all expenses less than or equal to $75: $149
B. Report in the aggregate all expenses for salaries of non-lobbying employees: $0
C. Itemize all expenses exceeding $75:

I have no itemized expenses to report for this period.
☐ Check box to agree with previous statement or enter expenses below

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<th>Purpose</th>
<th>Ad? Social Event?</th>
<th>Amount</th>
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<tr>
<td>LRS</td>
<td>07/01/03</td>
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<td>□□</td>
<td>$83</td>
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<td>08/01/03</td>
<td>LEGIS. RETRIEVAL</td>
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<td>$83</td>
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D. Total expenses for current period (A+B+C): $315

Subjects on which you lobbied:

PHARMACY ISSUES

Person, State Agency, Municipality or Legislative Body lobbied:

DOH, EXECUTIVE CHAMBER, NYS SENATE & ASSEMBLY

Bill, Rule, Regulation or Rate Numbers on which you lobbied:


Title and identifying # of procurement contracts and documents on which you expect to lobby:

☑ Check if none lobbied

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:

☑ Check if none lobbied

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

☑ Check if none lobbied

Actual Submission Date

Actual submission date:
Declaration

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.

(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 09/09/2003

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

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<tr>
<td>09/10/2003</td>
<td>CIRISH</td>
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