

STATE ADVISERS, LLC LATE FILINGS 2011 - 2015

REGISTRATION PERIOD	FILING	BIMONTHLY PERIOD	DUE DATE	DATE FILED	# OF DAYS LATE	PAGE REFERENCE #
AJM CAPITAL, LLC/TAX LIEN ADVISERS						
2013-2014	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 001-003
		March/April	5/15/13	7/1/13	47	JCOPE 004-006
		July/August	9/16/13	9/23/13	7	JCOPE 007-009
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 010-012
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 013-015
2011-2012	2012 Bimonthly	Jan/Feb	3/15/12	3/21/12	6	JCOPE 016-018
		March/April	5/15/12	7/15/12	61	JCOPE 019-021
		Sep/Oct	11/15/12	11/26/12	11	JCOPE 022-024
	2011 Bimonthly	July/August	9/15/11	10/2/11	17	JCOPE 025-027
		Nov/Dec	1/17/12	2/8/12	22	JCOPE 028-030
AMERICAN TAX FUNDING						
2013-2014	2013 Bimonthly	Jan/Feb	3/15/13	9/23/13	192	JCOPE 031-033
		March/April	5/15/13	7/1/13	47	JCOPE 034-036
		July/August	9/16/13	1/19/14	125	JCOPE 037-039
		Sep/Oct	11/15/13	9/8/15	662	JCOPE 040-042
		Nov/Dec	1/15/14	9/8/15	601	JCOPE 043-045
BIG BELLY SOLAR						
2011-2012	2011 Bimonthly	Jan/Feb	3/15/11	3/20/11	5	JCOPE 046-048
		May/June	7/15/11	7/21/11	6	JCOPE 049-051
		July/August	9/15/11	10/2/11	17	JCOPE 052-054
		Nov/Dec	1/17/12	9/8/15	1330	JCOPE 055-057
BIG FOOT MEDIA						
2013-2014	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 058-060
		July/August	9/16/13	9/23/13	7	JCOPE 061-063
2011-2012	2012 Bimonthly	Nov/Dec	1/15/13	7/1/13	167	JCOPE 064-066
BLACKBOARD						
2013-2014	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 067-069
		March/April	5/15/13	7/1/13	47	JCOPE 070-072
		July/August	9/16/13	9/23/13	7	JCOPE 073-075
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 076-078
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 079-081
CAPITAL WIRELESS, LLC						
2013-2014	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 082-084
		March/April	5/15/15	5/22/15	7	JCOPE 085-087

STATE ADVISERS, LLC LATE FILINGS 2011 - 2015

REGISTRATION PERIOD	FILING	BIMONTHLY PERIOD	DUE DATE	DATE FILED	# OF DAYS LATE	PAGE REFERENCE #
		May/June	7/15/15	1/15/16	184	JCOPE 088-090
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 091-093
2013-2014	2014 Bimonthly	May/June	7/15/14	9/8/15	420	JCOPE 094-096
		July/August	9/15/14	9/8/15	358	JCOPE 097-099
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 100-102
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 103-105
CAREER ARC						
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 106-108
		March/April	5/15/14	9/8/15	481	JCOPE 109-111
		May/June	7/15/14	9/8/15	420	JCOPE 112-114
		July/August	9/15/14	9/8/15	358	JCOPE 115-117
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 118-120
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 121-123
	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 124-126
		July/August	9/16/13	9/23/13	7	JCOPE 127-129
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 130-132
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 133-135
CEA CAPITAL HOLDINGS						
2015-2016	2015 Bimonthly	May/June	7/15/15	9/8/15	55	JCOPE 136-138
		July/August	9/15/15	1/15/16	122	JCOPE 139-141
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 142-144
CELL SCIENCE SYSTEMS						
2013-2014	2013 Bimonthly	March/April	5/15/13	7/1/13	47	JCOPE 145-147
COSMOLEDO LLC						
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 148-150
		March/April	5/15/15	5/22/15	7	JCOPE 151-153
		May/June	7/15/15	9/8/15	55	JCOPE 154-156
		July/August	9/15/15	1/15/16	122	JCOPE 157-159
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 160-162
2013-2014	2014 Bimonthly	Nov/Dec	1/15/15	9/8/15	236	JCOPE 163-165
ERIC KAYSER USA						
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 166-168
		March/April	5/15/14	9/8/15	481	JCOPE 169-171
		May/June	7/15/14	9/8/15	420	JCOPE 172-174
		July/August	9/15/14	9/8/15	358	JCOPE 175-177

STATE ADVISERS, LLC LATE FILINGS 2011 - 2015

REGISTRATION PERIOD	FILING	BIMONTHLY PERIOD	DUE DATE	DATE FILED	# OF DAYS LATE	PAGE REFERENCE #
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 178-180
	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 181-183
		March/April	5/15/13	7/1/13	47	JCOPE 184-186
		July/August	9/16/13	9/23/13	7	JCOPE 187-189
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 190-192
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 193-195
EXTEND FERTILITY						
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 196-198
		March/April	5/15/15	5/22/15	7	JCOPE 199-201
		May/June	7/15/15	9/8/15	55	JCOPE 202-204
		July/August	9/15/15	1/15/16	122	JCOPE 205-207
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 208-210
HANSEL N' GRETAL BRAND						
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 211-213
	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 214-216
		March/April	5/15/13	7/1/13	47	JCOPE 217-219
		July/August	9/16/13	9/23/13	7	JCOPE 220-222
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 223-225
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 226-228
PANNONE LOPES						
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 229-231
		March/April	5/15/15	5/22/15	7	JCOPE 232-234
		May/June	7/15/15	9/8/15	55	JCOPE 235-237
		July/August	9/15/15	1/15/16	122	JCOPE 238-240
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 241-243
2013-2014	2014 Bimonthly	May/June	7/15/14	9/8/15	420	JCOPE 244-246
		July/August	9/15/14	9/8/15	358	JCOPE 247-249
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 250-252
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 253-255
READY PAC FOODS						
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 256-258
		March/April	5/15/15	5/22/15	7	JCOPE 259-261
		May/June	7/15/15	9/8/15	55	JCOPE 262-264
		July/August	9/15/15	1/15/16	122	JCOPE 265-267
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 268-270

STATE ADVISERS, LLC LATE FILINGS 2011 - 2015

REGISTRATION PERIOD	FILING	BIMONTHLY PERIOD	DUE DATE	DATE FILED	# OF DAYS LATE	PAGE REFERENCE #	
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 271-273	
		March/April	5/15/14	9/8/15	481	JCOPE 274-276	
		May/June	7/15/14	9/8/15	420	JCOPE 277-279	
		July/August	9/15/14	9/8/15	358	JCOPE 280-282	
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 283-285	
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 286-288	
2013 Bimonthly	2013 Bimonthly	July/August	9/16/13	1/19/14	125	JCOPE 289-291	
		Sep/Oct	11/15/13	1/19/14	65	JCOPE 292-294	
		Nov/Dec	1/15/14	1/19/14	4	JCOPE 295-297	
TOWN OF RAMAPO							
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 298-300	
		March/April	5/15/15	5/22/15	7	JCOPE 301-303	
		May/June	7/15/15	9/8/15	55	JCOPE 304-306	
		July/August	9/15/15	1/15/16	122	JCOPE 307-309	
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 310-312	
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 313-315	
		March/April	5/15/14	9/8/15	481	JCOPE 316-318	
		May/June	7/15/14	9/8/15	420	JCOPE 319-321	
		July/August	9/15/14	9/8/15	358	JCOPE 322-324	
		Sep/Oct	11/17/14	9/8/15	295	JCOPE 325-327	
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 328-330	
	2013 Bimonthly	2013 Bimonthly	Jan/Feb	3/15/13	3/17/13	2	JCOPE 331-333
			March/April	5/15/13	7/1/13	47	JCOPE 334-336
			July/August	9/16/13	9/23/13	7	JCOPE 337-339
			Sep/Oct	11/15/13	1/19/14	65	JCOPE 340-342
			Nov/Dec	1/15/14	1/19/14	4	JCOPE 343-345
VAL TRAN							
2015-2016	2015 Bimonthly	Jan/Feb	3/16/15	5/22/15	67	JCOPE 346-348	
		March/April	5/15/15	5/22/15	7	JCOPE 349-351	
		May/June	7/15/15	9/8/15	55	JCOPE 352-354	
		July/August	9/15/15	1/15/16	122	JCOPE 355-357	
		Sep/Oct	11/16/15	1/15/16	60	JCOPE 358-360	
2013-2014	2014 Bimonthly	Jan/Feb	3/17/14	9/8/15	540	JCOPE 361-363	
		May/June	7/15/14	9/8/15	420	JCOPE 364-366	
		July/August	9/15/14	9/8/15	358	JCOPE 367-369	
		Nov/Dec	1/15/15	9/8/15	236	JCOPE 370-372	

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196096

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL II
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SPECIAL EXEMPTIONS TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR JACK MARTINS ASSEMBLYMAN CHARLES LAVINE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200656

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL II
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

RETROACTIVE TAX EXEMPTION FOR FAILURE TO PAY REAL PROEPRTY TAXES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR MARTINS ASSEMBLYMAN LAVINE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207635

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

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Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL II
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

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Number or Subject Matter

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

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Subject Matter

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

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Check box to agree with previous statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215555

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

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Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
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State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
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Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL II
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

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10000	0

Other Lobbying Expenses (Current Period Only)

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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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL

Person

Person, State Agency, Municipality or Legislative Body lobbied:

MAYOR OF THE VILLAGE OF WESTBURY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

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Number or Subject Matter

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

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Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014

Actual submission date:

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215556

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL II
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0173850

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL, LLC
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TAX LIEN COLLECTIONS CONTRACTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY LEGISLATURE
 SUFFOLK COUNTY EXECUTIVE; ALBANY COUNTY EXECUTIVE'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement.

Date : 3/21/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0180785

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL, LLC
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TAX LIEN COLLECTIONS CONTRACTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY LEGISLATURE;SUFFOLK COUNTY COUNTY OF MONROE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/15/2012

Actual submission date:

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0188710

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL, LLC
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TAX LIEN COLLECTIONS CONTRACTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 11/26/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0162873

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL, LLC
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TAX LIEN COLLECTIONS CONTRACTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 10/2/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0170251

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TAX LIEN ADVISORS LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100

Fax Number:

Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name: AJM CAPITAL, LLC
Business Address 1: 2 COOPER SQUARE
Address 2: SUITE C
City: NEW YORK
State: NY
Zip Code: 10003
Country: US
Business Phone: 212-677-5788

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 2/8/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207636

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955

Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATTHEW
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

CITY OF MIDDLETWON SENATE GOVERNORS OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A6731 S5022

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200660

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955

Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATTHEW
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3333	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

CITY OF MIDDLETOWN SENATOR BONASIC ASSEMBLYWOMAN GUNTHER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215543

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955

Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATTHEW
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SIGING OF LEGISLATION PASSED BY THE LEGISLATURE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5022 A6731

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253089

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955

Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATTHEW
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5022 A6731

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253090

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: AMERICAN TAX FUNDING SERVICING LLC
Business Address 1: 345 JUPITER LAKES BLVD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955

Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATTHEW
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
0	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S5022 A6731

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0151725

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIG BELLY SOLAR
Business Address 1: 85 WELLS AVENUE
Address 2:
City: NEWTON
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300

Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER
Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
6000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SALE OF SOLAR POWERED GARBAGE CANS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

LEGISLATURE, PARKS DEPARTMENT

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A 303

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/20/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0159083

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIG BELLY SOLAR
Business Address 1: 85 WELLS AVENUE
Address 2:
City: NEWTON
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300

Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER
Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
6000	6000

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SALE OF SOLAR POWERED GARBAGE CANS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

LEGISLATURE, PARKS DEPARTMENT

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A 303 S958

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/21/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0162866

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIG BELLY SOLAR
Business Address 1: 85 WELLS AVENUE
Address 2:
City: NEWTON
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300

Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER
Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
6000	6000

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SALE OF SOLAR POWERED GARBAGE CANS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

LEGISLATURE, PARKS DEPARTMENT

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A 303 S958

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 10/2/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253033

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIG BELLY SOLAR
Business Address 1: 85 WELLS AVENUE
Address 2:
City: NEWTON
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300

Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER
Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SALE OF SOLAR POWERED GARBAGE CANS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

LEGISLATURE, PARKS DEPARTMENT

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A 303 S958

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196097

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIGFOOT MEDIA PROPERTIES LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979

Fax Number:

Chief Administrative Officer First Name: JEFFREY

Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

NAMING RIGHTS FOR MUNICIPAL PROEPRTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTY OF ULSTER AND NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207637

Year of Registration : 2013

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIGFOOT MEDIA PROPERTIES LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979

Fax Number:

Chief Administrative Officer First Name: JEFFREY
Chief Administrative Officer Last Name: GERSON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
6000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

NAMING RIGHTS FOR MUNICIPAL PROEPRTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTY OF ULSTER AND NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200653

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BIGFOOT MEDIA PROPERTIES LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979

Fax Number:

Chief Administrative Officer First Name: JEFFREY

Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

NAMING RIGHTS FOR MUNICIPAL BUILDINGS CHANGES TO THE GENERAL MUNICIPAL LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY ULSTER COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196098

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2: 6TH FLOOR
City: WASHINGTON
State: DC
Zip Code: 20001
Country: US
Business Phone: 617-901-7458

Fax Number: 818-450-0425
Chief Administrative Officer First Name: MICHAEL
Chief Administrative Officer Last Name: STANTON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF EMERGENCY NOTIFICATION SYSTEMS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU, ALBANY, SUFFOLK AND ULSTER COUNTIES CITY OF SYRACUE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200665

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2: 6TH FLOOR
City: WASHINGTON
State: DC
Zip Code: 20001
Country: US
Business Phone: 617-901-7458

Fax Number: 818-450-0425
Chief Administrative Officer First Name: MICHAEL
Chief Administrative Officer Last Name: STANTON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF EMERGENCY NOTIFICATION SYSTEMS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU, ALBANY, SUFFOLK AND ULSTER COUNTIES

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207638

Year of Registration : 2013

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2: 6TH FLOOR
City: WASHINGTON
State: DC
Zip Code: 20001
Country: US
Business Phone: 617-901-7458

Fax Number: 818-450-0425
Chief Administrative Officer First Name: MICHAEL
Chief Administrative Officer Last Name: STANTON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF EMERGENCY NOTIFICATION SYSTEMS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU, ALBANY, SUFFOLK AND ULSTER COUNTIES

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215544

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2: 6TH FLOOR
City: WASHINGTON
State: DC
Zip Code: 20001
Country: US
Business Phone: 617-901-7458

Fax Number: 818-450-0425
Chief Administrative Officer First Name: MICHAEL
Chief Administrative Officer Last Name: STANTON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	10000

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF EMERGENCY NOTIFICATION SYSTEMS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU, ALBANY, SUFFOLK AND ULSTER COUNTIES

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215545

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2: 6TH FLOOR
City: WASHINGTON
State: DC
Zip Code: 20001
Country: US
Business Phone: 617-901-7458

Fax Number: 818-450-0425
Chief Administrative Officer First Name: MICHAEL
Chief Administrative Officer Last Name: STANTON
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	5000

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF EMERGENCY NOTIFICATION SYSTEMS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU, ALBANY, SUFFOLK AND ULSTER COUNTIES

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247705

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER
 Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247706

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264199

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264200

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

INSTALLATION OF MICRO CELL TOWERS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY NASSAU COUNTY SUFFOLK COUNTY TOWN OF RAMAPO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253093

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ACQUISITION OF CELL TOWER SITES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO SENATOR MAZIARZ

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER
Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253094

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ACQUISITION OF CELL TOWER SITES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO SENATOR MAZIARZ

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253095

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
 Business Address 1: 300 HAMILTON AVENUE
 Address 2: SUITE B
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 914-202-4979
 Fax Number:
 Chief Administrative Officer First Name: JEFFREY D.
 Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ACQUISITION OF CELL TOWER SITES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO SENATOR MAZIARZ

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253096

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2: SUITE B
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 914-202-4979
Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

Chief Administrative Officer Title: MANAGING MEMBER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ACQUISITION OF CELL TOWER SITES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO SENATOR MAZIARZ

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253058

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
- March - April
- May - June
- July - August
- September - October
- November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
 Business Address 1: 3400 WEST OLIVE AVENUE
 Address 2: SUITE 220
 City: BURBANK
 State: CA
 Zip Code: 91505
 Country: US
 Business Phone: 818-260-3138
 Fax Number:
 Chief Administrative Officer First Name: ROBIN
 Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
 CITY OF BUFFALLO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253059

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
 Business Address 1: 3400 WEST OLIVE AVENUE
 Address 2: SUITE 220
 City: BURBANK
 State: CA
 Zip Code: 91505
 Country: US
 Business Phone: 818-260-3138
 Fax Number:
 Chief Administrative Officer First Name: ROBIN
 Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
 CITY OF BUFFALLO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253062

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
Business Address 1: 3400 WEST OLIVE AVENUE
Address 2: SUITE 220
City: BURBANK
State: CA
Zip Code: 91505
Country: US
Business Phone: 818-260-3138
Fax Number:
Chief Administrative Officer First Name: ROBIN
Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTIES OF ALBANY, NASSAU, SUFFOLK AND ULSTER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253063

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
 Business Address 1: 3400 WEST OLIVE AVENUE
 Address 2: SUITE 220
 City: BURBANK
 State: CA
 Zip Code: 91505
 Country: US
 Business Phone: 818-260-3138
 Fax Number:
 Chief Administrative Officer First Name: ROBIN
 Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTIES OF ALBANY, NASSAU, SUFFOLK AND ULSTER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253064

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
 Business Address 1: 3400 WEST OLIVE AVENUE
 Address 2: SUITE 220
 City: BURBANK
 State: CA
 Zip Code: 91505
 Country: US
 Business Phone: 818-260-3138
 Fax Number:
 Chief Administrative Officer First Name: ROBIN
 Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
1000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTIES OF ALBANY, NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253065

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
Business Address 1: 3400 WEST OLIVE AVENUE
Address 2: SUITE 220
City: BURBANK
State: CA
Zip Code: 91505
Country: US
Business Phone: 818-260-3138
Fax Number:
Chief Administrative Officer First Name: ROBIN
Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
1000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTIES OF ALBANY, NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196099

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
Business Address 1: 3400 WEST OLIVE AVENUE
Address 2: SUITE 220
City: BURBANK
State: CA
Zip Code: 91505
Country: US
Business Phone: 818-260-3138
Fax Number:
Chief Administrative Officer First Name: ROBIN
Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
 CITY OF BUFFALLO GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207639

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
Business Address 1: 3400 WEST OLIVE AVENUE
Address 2: SUITE 220
City: BURBANK
State: CA
Zip Code: 91505
Country: US
Business Phone: 818-260-3138
Fax Number:
Chief Administrative Officer First Name: ROBIN
Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
CITY OF BUFFALLO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215546

Year of Registration : 2013

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
Business Address 1: 3400 WEST OLIVE AVENUE
Address 2: SUITE 220
City: BURBANK
State: CA
Zip Code: 91505
Country: US
Business Phone: 818-260-3138
Fax Number:
Chief Administrative Officer First Name: ROBIN
Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	10000

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MATCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
 CITY OF BUFFALO GOVERNOR'S OFFIICE SUNY CENTRAL

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215547

Year of Registration : 2013

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CAREERARC GROUP LLC
 Business Address 1: 3400 WEST OLIVE AVENUE
 Address 2: SUITE 220
 City: BURBANK
 State: CA
 Zip Code: 91505
 Country: US
 Business Phone: 818-260-3138
 Fax Number:
 Chief Administrative Officer First Name: ROBIN
 Chief Administrative Officer Last Name: RICHARDS

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	10000

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF ON LINE JOB MARCHING SERVICE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

TOWN OF RAMAPO COUNTIES OF ALBANY, NASSAU, ERIE, MONROE, SUFFOLK AND ULSTER
 CITY OF BUFFALLO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253097

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
Business Address 1: 526 S. MAIN STREET
Address 2: SUITE 701 A
City: AKRON
State: OH
Zip Code: 44311
Country: US
Business Phone: 440-575-0023
Fax Number: 440-579-0202
Chief Administrative Officer First Name: KEVAN
Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA ESD

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264209

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
Business Address 1: 526 S. MAIN STREET
Address 2: SUITE 701 A
City: AKRON
State: OH
Zip Code: 44311
Country: US
Business Phone: 440-575-0023
Fax Number: 440-579-0202
Chief Administrative Officer First Name: KEVAN
Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
20000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264210

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CEA CAPITAL HOLDINGS
Business Address 1: 526 S. MAIN STREET
Address 2: SUITE 701 A
City: AKRON
State: OH
Zip Code: 44311
Country: US
Business Phone: 440-575-0023
Fax Number: 440-579-0202
Chief Administrative Officer First Name: KEVAN
Chief Administrative Officer Last Name: FIGHT

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE SENATOR DEFRNCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200669

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: CELL SCIENCE SYSTEMS CORPORATION
Business Address 1: 852 SOUTH MILITARY TRAIL
Address 2:
City: DEERFIELD BEACH
State: FL
Zip Code: 33442
Country: US
Business Phone: 954-426-2304
Fax Number:
Chief Administrative Officer First Name: ROGER
Chief Administrative Officer Last Name: DEUTSCH

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE HEALTH LAW RELATIVE TO BLOOD TESTING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ASSEMBLYMAN GOTTFRIED ASSEMBLYMAN RAIA SENATOR FLANAGAN

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247707

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247708

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253098

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER
Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264204

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264206

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
Business Address 1: 921 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10271
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER
 Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY GOVERNORS OFFICE SLA NYC IDA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4919 A7295

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253066

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: COSMOLEDO LLC
 Business Address 1: 120 BROADWAY
 Address 2: FIFTH FLOOR
 City: NEW YORK
 State: NY
 Zip Code: 10271
 Country: US
 Business Phone: 917-209-6177
 Fax Number:
 Chief Administrative Officer First Name: LOU
 Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: MANAGING PARTNER
 Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE GOVERNOR'S OFFICE SLA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253100

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812 A8012

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253101

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812 A8012

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement.

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253102

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812 A8012

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253103

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812 A8012

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253104

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812 A8012

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196100

Year of Registration : 2013

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

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First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Table with 2 columns: Compensation (Current Period Only) and Reimbursed Expenses (Current Period Only). Values: 5000 and 0.

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200671

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Table with 2 columns: Compensation (Current Period Only), Reimbursed Expenses (Current Period Only). Values: 10000, 0.

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

SA6499 S4812

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207640

Year of Registration : 2013

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

A6499 S4812B

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215548

Year of Registration : 2013

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: State
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
 Business Address 1: 1294 THIRD AVENUE
 Address 2:
 City: NEW YORJK
 State: NY
 Zip Code: 10021
 Country: US
 Business Phone: 917-209-6177
 Fax Number:
 Chief Administrative Officer First Name: LOU
 Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3000	3000

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4812B A6499

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215549

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORJK
State: NY
Zip Code: 10021
Country: US
Business Phone: 917-209-6177
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ

Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE ABC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY SLA GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S 4812B A 6499

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247709

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ASSEMBLYMAN GOTTFIRED SENATOR HANNON SENATE CENTRAL STAFF

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247710

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE CENTRAL STAFF

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253106

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
 Business Address 1: 1165 PARK AVENUE
 Address 2: SUITE 2C
 City: NEW YORK
 State: NY
 Zip Code: 10128
 Country:
 Business Phone: 917-837-2852
 Fax Number:
 Chief Administrative Officer First Name: ILAINA
 Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ESD FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR GOLDEN SENATOR FLANAGAN ESD

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264212

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: NonProcurement
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
 Business Address 1: 1165 PARK AVENUE
 Address 2: SUITE 2C
 City: NEW YORK
 State: NY
 Zip Code: 10128
 Country:
 Business Phone: 917-837-2852
 Fax Number:
 Chief Administrative Officer First Name: ILAINA
 Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264213

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2: SUITE 2C
City: NEW YORK
State: NY
Zip Code: 10128
Country:
Business Phone: 917-837-2852
Fax Number:
Chief Administrative Officer First Name: ILAINA
Chief Administrative Officer Last Name: EDISON

Chief Administrative Officer Title: CEO

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE EDC LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253069

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196101

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200673

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207641

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/23/2013 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215553

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC SENATOR GOLDEN

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215554

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: HANSEL N' GRETAL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:
City: QUEENS
State: NY
Zip Code: 11385
Country: US
Business Phone: 718-326-0041
Fax Number:
Chief Administrative Officer First Name: DAWN
Chief Administrative Officer Last Name: RATTNER

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

GRANTS FROM THE ESDC

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNORS OFFICE SENATOR GIANARIS ESDC

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247711

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ULSTER COUNTY EXECUTIVE NASSAU COUNTY EXECUTIVE ALBANY COUNTY EXECUTIVE
 ONONDAGA COUNTY EXECUTIVE RENNELAER COUNTY EXECUTIVE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S 285

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247712

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY LEGILSTAIVE CHAIR ONONDAGE LEGISLATIVE CHAIR

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S295 A2032

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253108

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ONONDAGA COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264216

Year of Registration : 2015

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
 Business Address 1: 81 MAIN STREET
 Address 2: SUITE 510
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 401-824-5197
 Fax Number: 401-824-9942
 Chief Administrative Officer First Name: TENO A
 Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

HIRING FOR LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ERIE COUNTY ONODAGA COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264219

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

HIRING FOR LEGAL SERVICES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ORANGE COUNTY SUFFOLK COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253070

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement.

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253072

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ORANGE COUNTY ULSTER COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253073

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Click box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253074

Year of Registration : 2014

Reporting Period:

Mark One

January - February

March - April

May - June

July - August

September - October

November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
 Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
 Address 2: SUITE 101
 City: GARDEN CITY
 State: NY
 Zip Code: 11530
 Business Phone: 516-776-1500
 Fax Number: 516-794-2726
 Email Address: KDS@STATEADVISERS.COM
 Type of Lobbying: Both
 Level of Government Lobbied: Both
 Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
 Business Address 1: 81 MAIN STREET
 Address 2: SUITE 510
 City: WHITE PLAINS
 State: NY
 Zip Code: 10601
 Country: US
 Business Phone: 401-824-5197
 Fax Number: 401-824-9942
 Chief Administrative Officer First Name: TENO A
 Chief Administrative Officer Last Name: WEST, ESQ.

Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

- A.Report in the aggregate all expenses less than or equal to \$75 : 0
- 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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PROCUREMENT OF LEGAL SERVICES BY COUNTIES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ONONDAGA COUNTY AND ULSTER COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

to lobby:

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247713

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322

Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
45000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015

Actual submission date:

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247714

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322

Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253110

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322

Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264221

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322

Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENATE ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264223

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322

Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016

Actual submission date:

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253078

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253079

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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**

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253080

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253081

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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**

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253082

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253083

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215550

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
15000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: NIAGARA COUNTY EXECUTIVE GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215551

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
 - 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**

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: NIAGARA COUNTY EXECUTIVE GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215552

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
RYAN	KARBEN
KEITH D.	SERNICK

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2:
City: IRWINDALE
State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
30000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: NIAGARA COUNTY EXECUTIVE GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247715

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TRACKING LEGISLATIVE BILLS RELATIVE TO TOWN'S OPERATIONS CHANGES TO THE RPTL
 RELATIVE TO TAXATION OF FIBER LINES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER SENATE ASSEMBLY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S1077 S295 A2032 BUDGET BILLS .

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247716

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

TRACKING OF LEGISLATIVE BILL RELATED TO TOWN'S OPERATIONS FIBER ASSESSMENT BILL
 NEGOTIATED SALE OF TOWN OBLIGATIONS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY COMPTROLLER'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILLS S295 S1077 A2032

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253112

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
 - 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

S1077,295,5646,3821A,3293,3292 A7377,2032,7709,5355A,4200A,4182

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE AND ASSEMBLY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264224

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER

Chief Administrative Officer Last Name: ST. LAWRENCE

Chief Administrative Officer Title: SUPERVISOR

Third Party Information

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
12000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER SENATE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264227

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
8000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR GOLDEN

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253036

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253037

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253035

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S7781 S7788 A10060 A10061

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253038

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0
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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253039

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253040

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL AND TAXLAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE LEGISLATURE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments: FAILED TO
TIMELY
FILE

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196102

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
5000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

AMENDMENTS TO THE REAL PROPERTY TAX LAW

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR MAZIARZ SENATOR LITTLE ASSEMBLYWOMAN GALEF

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S 2644 A 5503

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200675

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

CHANGES TO THE RPTL RELATIVE TO RETROACTIVE TAX EXEMPTIONS OF TOWN OWNED PROPERTY

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ASSEMBLY MEMEBERS SENATE MEMEBERS GOVERNOR'S OFFICE

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4636, 4633,2644, 4634 A 1444, 4176, 5349

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207642

Year of Registration : 2013

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

AMENDMENTS TO THE RPLT

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215557

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

UISSUES RELATED TO THE COMPTROLLERS OFFICE LOCAL RPTL ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

GOVERNOR'S OFFICE STATE COMPTROLLER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215558

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
10000	0

Other Lobbying Expenses (Current Period Only)

- A. Report in the aggregate all expenses less than or equal to \$75 :** 0
- 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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247717

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247718

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

BUDGET BILLS

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 5/22/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253114

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264230

Year of Registration : 2015

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264231

Year of Registration : 2015

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
500	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PURCHASE OF TRANSPORTATION MANAGEMENT FOR PRE-SCHOOL HANDICAPPED STUDENTS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY NASSAU COUNTY SUFFOLK COUNTY ULSTER COUNTY ORANGE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/15/2016 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253049

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253052

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTY OF RENNSALEAR COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253053

Year of Registration : 2014

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTY OF NASSAU

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253056

Year of Registration : 2014

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

COUNTY OF NASSAU COUNTY OF ALBANY AND RENNSALAER

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0196103

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK SENATOR JOE GRIFFO

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/17/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200678

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S4513 A6935

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0207643

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 9/23/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215559

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPTROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0215560

Year of Registration : 2013

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A.Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE-SCHOOL MEDICARE TRANSPORTATION ISSUES

Person

Person, State Agency, Municipality or Legislative Body lobbied:

STATE COMPROLLER COUNTY OF NASSAU COUNTY OF ALBANY COUNTY OF RENNSALEAR
 COUNTY OF SUFFOLK

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 1/19/2014 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0173853

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4200	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY
 ALBANY COUNTY, MONROE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/21/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0180793

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4200	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY; SUFFOLK COUNTY EXECUTIVE; ULSTER COUNTY; MONROE COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/15/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253043

Year of Registration : 2012

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY ULSTER COUNTY AND SUFFOLK COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 9/8/2015 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0188713

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4200	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

[Top](#)

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY SUFFOLK COUNTY RENNELAER COUNTY ULSTER COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 11/26/2012 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0200655

Year of Registration : 2012

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
4300	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/1/2013 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0151729

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 3/20/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0159089

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	3500

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 7/21/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0162872

Year of Registration : 2011

Reporting Period:

Mark One

- January - February March - April May - June
 July - August September - October November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	3500

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree with previous statement

Date : 10/2/2011 **Actual submission date:**

First Name: MARLA **Last Name:** BIER

Comments:

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0170249

Year of Registration : 2011

Reporting Period:

Mark One

- January - February
 March - April
 May - June
 July - August
 September - October
 November - December

Principal Lobbyist Information

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 146 STATE STREET
Address 2: SUITE 101-M
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

To Add Additional Lobbyists, who lobbied for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

First Name	Last Name
KEITH D.	SERNICK

Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
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Country: US
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Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information

Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
3500	0

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to \$75 : 0

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

Top

D. Total expenses for current period : \$ 0

Subject

Subjects on which you lobbied:

PRE SCHOOL HANDICAPPED CHILDREN BUSING ISSUE

Person

Person, State Agency, Municipality or Legislative Body lobbied:

NASSAU COUNTY, ULSTER COUNTY. SUFFOLK COUNTY

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

Declaration

I declare under penalty of perjury that the information contained in this Bi-Monthly report is true, correct and complete to the best of my knowledge and belief.

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

Check box to agree
with previous
statement

Date : 2/8/2012

**Actual
submission
date:**

First Name: MARLA **Last Name:** BIER

Comments:
