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**TOWN OF RAMAPO**

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# STATE ADVISERS, LLC LATE FILINGS 2011 - 2015

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**TOTAL LATE FILINGS 138**
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

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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
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<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 004
Fax Number: CHARLES
Chief Administrative Officer Last Name: BARREDO
Chief Administrative Officer Title: MANAGING MEMBER

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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<th>Compensation (Current Period Only)</th>
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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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

RETROACTIVE TAX EXEMPTION FOR FAILURE TO PAY REAL PROPERITY 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
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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
(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
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<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
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</table>

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

EXHIBIT 2- JCOPE 007
Fax Number: CHARLES
Chief Administrative Officer First Name: BARREDO
Chief Administrative Officer Last Name: MANAGING MEMBER
Chief Administrative Officer Title: AJM CAPITAL II
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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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

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

EXHIBIT 2- JCOPE 008
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 #: LBR0215555

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
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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

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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

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:

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
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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: 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
--- | ---
KBITH 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

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Reimbursed Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Current Period Only)</td>
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</tr>
<tr>
<td>10000</td>
<td>0</td>
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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

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.
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<td>SERNICK</td>
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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

EXHIBIT 2- JCOPE 016
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

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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75: 0
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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

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.
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✓ 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
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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
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State: NY
Zip Code: 11530
Country: US
Business Phone: 516-794-9100
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Chief Administrative Officer Title: MANAGING MEMBER

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C. Itemize all expenses exceeding $75:
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   ✓ Check box to agree with previous statement or enter expenses below

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:

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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: 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
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Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Local
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

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
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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75: 0
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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

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:

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 ✓ 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
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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

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

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

https://onlineapps.jcope.ny.gov/LobbyWatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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 

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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 

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:

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✓ 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:

- January - February
- July - August
- March - April
- September - October
- May - June
- 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: NonProcurement
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: 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
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Other Lobbying Expenses (Current Period Only)
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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

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 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.

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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 #: LBR0200660

Year of Registration: 2013
Reporting Period:
Mark One
- January - February
- March - April
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State: NY
Zip Code: 11530
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Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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<tbody>
<tr>
<td>3333</td>
<td>0</td>
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</table>

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

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 NYSJCPOE personnel, a checked box below indicates that the Responsible Persons signature was on the original paper form submitted to NYSJCPOE)

☑ 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".

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Third Party Information

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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

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:

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☑ 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
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State: NY
Zip Code: 11530
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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
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First Name | Last Name
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KEITH D. | SERNICK

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Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

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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

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:

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☑ 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).

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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: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information
Delete from the following list any lobbyist(s) who did notlobby 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 lobbyed for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

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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

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Zip Code:
Country: US
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

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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

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
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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 #: 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
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<td>KEITH D.</td>
<td>SERNICK</td>
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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

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<td>6000</td>
<td>0</td>
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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

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.

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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 Person's 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
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Zip Code: 12207
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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
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KEITH D. | SERNICK

Client Information
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Address 2:
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State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300

EXHIBIT 2- JCOPE 049

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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:

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Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to $75:
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   ✓ Check box to agree with previous statement or enter expenses below

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:

LEGENSLATURE, 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:

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✓ 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

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Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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Chief Administrative Officer Title: CEO

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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

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:

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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: 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:
- [ ] January - February
- [ ] March - April
- [ ] May - June
- [x] July - August
- [ ] September - October
- [ ] November - December

Principal Lobbyist Information

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Type of Lobbying: Both
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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. | SER Nick

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

https://onlineapps.jcope.ny.gov/LobbyWatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER
Chief Administrative Officer Title: CEO

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)

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

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

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

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".

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<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
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</table>

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

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

Summary of Compensation and Reimbursed Expenses for this period

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Other Lobbying Expenses (Current Period Only)

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

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

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

NAMING RIGHTS FOR MUNICIPAL PROPERTIES

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:

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☑ 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
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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

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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

D. Total expenses for current period: $0

Subject
Subjects on which you lobbied:

NAMING RIGHTS FOR MUNICIPAL PROPERTIES

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.

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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 #: 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".

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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

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<td>8000</td>
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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

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.

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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 #: 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
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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

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

Summary of Compensation and Reimbursed Expenses for this period
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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75:
B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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

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 SYRACUSE

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:

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Subject Matter
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☑ 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 Lobbying: 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 lobbyed 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

Summary of Compensation and Reimbursed Expenses for this period

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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

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**
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- [ ] Check box to agree with previous statement

Date: 7/1/2013

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</table>

**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:
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.
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First Name | Last Name
-----------|----------
KEITH D.   | SERNICK

Client Information
Client Business Name: BLACKBOARD INC.
Business Address 1: 650 MASSACHUSETTS AVENUE NW
Address 2:
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

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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

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:

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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 #: 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.  
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<td>SERNICK</td>
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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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10000</td>
<td>$10000</td>
</tr>
</tbody>
</table>

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

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"

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>5000</td>
</tr>
</tbody>
</table>

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

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:
**EXHIBIT 2- JCOPE 082**

---

**Year of Registration:** 2015  
**Reporting Period:** Mark One  
- January - February  
- July - August  
- March - April  
- September - October  
- May - June  
- 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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

**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

---

**EXHIBIT 2- JCOPE 082**

7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)

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

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...
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 NYSJCONE personnel, a checked box below indicates that the Responsible Person's signature was on the original paper form submitted to NYSJCONE)

☑ 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:
City:
State:
NY
Zip Code:
Business Phone:
Fax Number:
Email Address:
KDS@STATEADVISERS.COM
Type of Lobbying:
Purchase
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 lobby for this client for this bimonthly
period, you must go to your "Lobbyist Registration Amendment form" in
your "Lobbyist Registration Details Menu".

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</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: CAPITAL WIRELESS, LLC
Business Address 1: 300 HAMILTON AVENUE
Address 2:
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
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
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:
Year of Registration: 2015
Reporting Period: May - June
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

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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)

<table>
<thead>
<tr>
<th>Check box to agree</th>
<th>Actual submission date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓</td>
<td></td>
</tr>
</tbody>
</table>

Date: 1/15/2016

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>

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".

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<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>200000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

EXHIBIT 2- JCOPE 092

7/14/2016
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:**  
- 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 lobbyed for this client for this bimonthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

## 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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000 - 0</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)
A. Report the aggregate all expenses less than or equal to $75:
   0
B. Report 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

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
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).

<table>
<thead>
<tr>
<th>Principal Lobbyist Name:</th>
<th>STATE ADVISERS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>100 QUENTIN ROOSEVELT BOULEVARD</td>
</tr>
<tr>
<td>Address 2:</td>
<td>SUITE 101</td>
</tr>
<tr>
<td>City:</td>
<td>GARDEN CITY</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>11530</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>516-776-1500</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>516-794-2726</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:KDS@STATEADVISERS.COM">KDS@STATEADVISERS.COM</a></td>
</tr>
<tr>
<td>Type of Lobbying:</td>
<td>Both</td>
</tr>
<tr>
<td>Level of Government Lobbied:</td>
<td>Both</td>
</tr>
<tr>
<td>Type of Lobbyist:</td>
<td>Retained</td>
</tr>
</tbody>
</table>

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".

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</tr>
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<tbody>
<tr>
<td>KEITH D.</td>
<td>SER Nick</td>
</tr>
</tbody>
</table>

Client Information

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

EXHIBIT 2- JCOPE 097

7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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".

<table>
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<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
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</table>

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

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A. Report in the aggregate all expenses less than or equal to $75:
B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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I have no itemized expenses to report for this period.

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

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 MAZARZ

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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☑ 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).

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<tr>
<th>Principal Lobbyist Name:</th>
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<td>State:</td>
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<td>11530</td>
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<tr>
<td>Business Phone:</td>
<td>516-776-1500</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>516-794-2726</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:KDS@STATEADVISERS.COM">KDS@STATEADVISERS.COM</a></td>
</tr>
<tr>
<td>Type of Lobbying:</td>
<td>Both</td>
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<td>Level of Government Lobbied:</td>
<td>Both</td>
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Additional Lobbyist Information
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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

EXHIBIT 2- JCOPE 103
7/14/2016
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

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Other Lobbying Expenses (Current Period Only)

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

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

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

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
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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
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No details were entered.

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I declare under penalty of perjury that the information contained in this Bi-
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☑ 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
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<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information

Client Business Name: CAREERRC 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

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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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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 BUFFALO

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:

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> Check box to agree
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<th>Actual submission date:</th>
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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
- April
- July - August
- September - October
- May - June
- 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.
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To Add Additional Lobbyists, who lobbyed 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

EXHIBIT 2- JCOPE 109
7/14/2016
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

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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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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 BUFFALO

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:

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✓ 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: May - June

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
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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
EXHIBIT 2- JCOPE 113

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>
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<tr>
<th>Compensation (Current Period Only)</th>
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<tr>
<td>10000</td>
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</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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
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No details were entered.

Number or Subject Matter
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No details were entered.

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☑ 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

Year of Registration: 2014

Reporting Period:
Mark One
☑ July - August  ☐ 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).

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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

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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

EXHIBIT 2- JCOPE 115
7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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

EXHIBIT 2- JCOPE 116
7/14/2016
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

EXHIBIT 2- JCOPE 118
7/14/2016
Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual submission date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/8/2015</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>

Comments:
Lobbyist Bi-Monthly Report

Year of Registration: 2014
Reporting Period:
○ 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 bi-monthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 121
7/14/2016
Third Party Information

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period : $ 0

Subject

Subject 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...
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:**
- [ ] □ 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".

<table>
<thead>
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<th>First Name</th>
<th>Last Name</th>
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<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

**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

EXHIBIT 2- JCOPE 124

7/14/2016
EXHIBIT 2- JCOPE 125

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period : $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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 BUFFALO 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:
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

EXHIBIT 2- JCOPE 127
7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

PURCHASE OF ONLINE 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

1. January - February  
2. March - April  
3. May - June  
4. July - August  
5. September - October  
6. 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

EXHIBIT 2- JCOPE 130
7/14/2016
**Chief Administrative Officer Title:** CEO  
**Third Party Information**

<p>| | |</p>
<table>
<thead>
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<th></th>
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<tr>
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<td><strong>Address 2:</strong></td>
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<td><strong>Country:</strong></td>
<td></td>
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<tr>
<td><strong>Business Phone:</strong></td>
<td></td>
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</table>

**Summary of Compensation and Reimbursed Expenses for this period**

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>10000</td>
</tr>
</tbody>
</table>

**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

**D. Total expenses for current period:** $0

**Subject**

**Subjects on which you lobbied:**

**PURCHASE OF ONLINE 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 OFFICE 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

EXHIBIT 2- JCOPE 133
7/14/2016
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

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<td>10000</td>
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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

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 BUFFALO

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:

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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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Declaration
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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: 1/19/2014

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:
Year of Registration: 2015
Reporting Period: May - June

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.
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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

7/14/2016
Third Party Information

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>20000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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: ___________________________
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".

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<td>SERNICK</td>
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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
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<tr>
<td>20000</td>
<td>0</td>
</tr>
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</table>

Other Lobbying Expenses (Current Period Only)

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

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

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

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 if action with personal 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
- [x] 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.
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First Name | Last Name
---|---
KEITH D. | SERNICK

Client Information
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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

EXHIBIT 2- JCOPE 142
7/14/2016
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

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
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<td>30000</td>
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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75:
B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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

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 DEFRANCISCO 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.

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✓ 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:**
- ☐ 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 bi-monthly period, you must go to your "Lobbyist Registration Amendment form" in your "Lobbyist Registration Details Menu".

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</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

**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

EXHIBIT 2- JCOPE 145

7/14/2016
EXHIBIT 2- JCOPE 146

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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
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<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 148
7/14/2016
EXHIBIT 2- JCOPE 149

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

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
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:
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).

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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: NonProcurement
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: COSMOLED 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
EXHIBIT 2- JCOPE 152

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

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>5000</td>
<td>0</td>
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</table>

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

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:
EXHIBIT 2- JCOPE 154

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.
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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

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<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>5000</td>
<td>0</td>
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</table>

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

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...
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:
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
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<tr>
<td>KEITH D.</td>
<td>SERNick</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 157
7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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:
EXHIBIT 2- JCOPE 160

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

EXHIBIT 2- JCOPE 160
7/14/2016
Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

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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

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:
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).

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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.
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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

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C. Itemize all expenses exceeding $75:
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   ✓ Check box to agree with previous statement or enter expenses below

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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
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Subject Matter
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect
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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
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<td>SERNICK</td>
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</table>

Client Information
Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2: NEW YORK
City: NY
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

EXHIBIT 2- JCOPE 166
7/14/2016
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

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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75: 0
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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

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
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✓ Check box to agree
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statement

<table>
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<th>Actual submission date:</th>
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<tbody>
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</table>

First Name: MARLA   Last Name: BIER

Comments:
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).

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Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
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City: GARDEN CITY
State: NY
Zip Code: 11530
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Fax Number: 516-794-2726
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: State
Type of Lobbyist: Retained

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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 YORK
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

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Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to $75:
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B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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C. Itemize all expenses exceeding $75:
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   ✓ Check box to agree with previous statement or enter expenses below

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
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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:
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:
City: GARDEN CITY
State:
Zip Code:
Business Phone:
Fax Number:
Email Address:
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:
Address 2:
City: NEW YORK
State:
Zip Code:
Country:
Business Phone:
Fax Number:
Chief Administrative Officer First Name: LOU
Chief Administrative Officer Last Name: RAMIREZ
Chief Administrative Officer Title: PRESIDENT

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  

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
No details were entered.

Declaration
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(If form is being entered or was entered into the system by NYSJCOPE
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signature was on the original paper form submitted to NYSJCOPE)

☑ Check box to indicate
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).

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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.
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<td>SERNICK</td>
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Client Information
Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORK
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:
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Zip Code:
Country:
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

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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

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

EXHIBIT 2- JCOPE 176
7/14/2016
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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<td>SERNICK</td>
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Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2: NEW YORK
City: NY
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

EXHIBIT 2- JCOPE 178
7/14/2016
Chief Administrative Officer Title: PRESIDENT

Name:

Business Address 1:

Address 2:

City:

State:

Zip Code:

Country:

Business Phone:

Summary of Compensation and Reimbursed Expenses for this period

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<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)

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

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

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

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 NYSJCPOE)

✓ Check box to agree with previous statement

Date: 9/8/2015

Actual submission date:

First Name: MARLA  Last Name: BIER

Comments:
Year of Registration: 2013
Reporting Period: January - February

Principal Lobbyist Information

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

Form Confirmation #: LBR0196100

7/19/2016
EXHIBIT 2- JCOPE 182

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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:
Year of Registration: 2013
Reporting Period: March - April
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: NEW YORK
City: NY
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
EXHIBIT 2- JCOPE 185

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>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
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<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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:
Form Confirmation #: LBR0207640

Year of Registration: 2013

Reporting Period:
- January - February
- July - August
- March - April
- September - October
- May - June
- 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".

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<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information

Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORK
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

EXHIBIT 2- JCOPE 187

7/19/2016
Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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:
NYS JOINT COMMISSION ON PUBLIC ETHICS ON LINE LOBBYIST REGISTRAT...

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".

<table>
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<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: ERIC KAYSER USA
Business Address 1: 1294 THIRD AVENUE
Address 2:
City: NEW YORK
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

EXHIBIT 2- JCOPE 190
7/19/2016
Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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<tbody>
<tr>
<td>3000</td>
<td>3000</td>
</tr>
</tbody>
</table>

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

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:

S48128 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
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:
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 YORK
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
Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>3000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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...
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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...
No details were entered.

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✓ Check box to agree
with previous
statement:

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual submission date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/22/2015</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>

Comments:
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

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<td>SERNICK</td>
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Client Information

Client Business Name: EXTEND FERTILITY, LLC
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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

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<tbody>
<tr>
<td>8000</td>
<td>0</td>
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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

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:

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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:
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:
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

EXHIBIT 2- JCOPE 202
7/14/2016
**Chief Administrative Officer Title:** CEO  

**Third Party Information**

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

**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  

**D. Total expenses for current period:** $0  

**Subject**

**Subjects on which you lobbied:**

<table>
<thead>
<tr>
<th>ESD FUNDING</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Person, State Agency, Municipality or Legislative Body lobbied:</td>
</tr>
</tbody>
</table>

**SENATOR GOLDEN SENATOR FLANAGAN ESD**

<table>
<thead>
<tr>
<th>Bill</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:</td>
</tr>
</tbody>
</table>

No details were entered.  

<table>
<thead>
<tr>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title and Identifying # of procurement contracts and documents on which you expect to lobby:</td>
</tr>
</tbody>
</table>

No details were entered.  

<table>
<thead>
<tr>
<th>Number or Subject Matter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 205
7/14/2016
SUMMARY OF COMPENSATION AND REIMBURSED EXPENSES FOR THIS PERIOD

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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...
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:
City: GARDEN CITY
State:
Zip Code:
Business Phone:
Fax Number:
Email Address:
Type of Lobbying:
Level of Government Lobbied:
Type of Lobbyist:

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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: EXTEND FERTILITY, LLC
Business Address 1: 1165 PARK AVENUE
Address 2:
City:
State:
Zip Code:
Country:
Business Phone:
Fax Number:
Chief Administrative Officer First Name:
Chief Administrative Officer Last Name:

EXHIBIT 2- JCOPE 208
7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>12000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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:
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".

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<table>
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<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SER Nick</td>
</tr>
</tbody>
</table>

Client Information

Client Business Name: HANSEL N' GRETEL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2: QUEENS
City: NY
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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.

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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

<table>
<thead>
<tr>
<th>Date : 9/8/2015</th>
<th>Actual submission date:</th>
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<tbody>
<tr>
<td>First Name:</td>
<td>Last Name:</td>
</tr>
<tr>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>

Comments:
Year of Registration: 2013

Reporting Period:
- 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
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<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: HANSEL N' GRETEL 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
EXHIBIT 2- JCOPE 215

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject

Subject 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:

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Subject Matter

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect
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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: 3/17/2013
Actual submission date:

First Name: MARLA  Last Name: BIER
Comments:
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
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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.
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Form" in your "Lobbyist Registration Details Menu".

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First Name  Last Name
KEITH D.  SERNICK

Client Information:
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Business Address 1: 79-19 71ST AVENUE
Address 2: QUEENS
City: NY
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
No details were entered.

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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 #: 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".

<table>
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<td>SERNICK</td>
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Client Information

Client Business Name: HANSEL N' GRETEL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2: QUEENS
City: NY
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

EXHIBIT 2- JCOPE 220

7/14/2016
### 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**

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
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</table>

**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

---

**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

<table>
<thead>
<tr>
<th>Date: 9/23/2013</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>submission date:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>

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' GRETEL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2:QUEENS
City:
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

EXHIBIT 2- JCOPE 224
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”.

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: HANSEL N' GRETEL BRAND INC.
Business Address 1: 79-19 71ST AVENUE
Address 2: QUEENS
City: NY
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
**EXHIBIT 2- JCOPE 227**

**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**

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>10,000</td>
<td>0</td>
</tr>
</tbody>
</table>

**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: 0

I have no itemized expenses to report for this period.

- ✔️ Check box to agree with previous statement or enter expenses below

---

**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**

---

EXHIBIT 2- JCOPE 227  
7/14/2016
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.

EXHIBIT 2- JCOPE 229

7/18/2016
Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
RENNSELAER 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:
- March - April

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. | SER Nick

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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:
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".

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</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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

EXHIBIT 2- JCOPE 236

7/18/2016
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

<table>
<thead>
<tr>
<th>January - February</th>
<th>March - April</th>
<th>May - June</th>
</tr>
</thead>
<tbody>
<tr>
<td>July - August</td>
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<td>November - December</td>
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</table>

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".

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<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information
Client Business Name: PANNOLE 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.

EXHIBIT 2-JCOPE 238
7/18/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 ONONDAGA 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:

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Declaration
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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: 1/15/2016

Actual submission date: ______________________

First Name: MARLA  Last Name: BIER

Comments:
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
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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

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<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>0000</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)

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

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

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

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

<table>
<thead>
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<th>Date</th>
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First Name: MARLA   Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253070

Year of Registration: 2014
Reporting Period: May - June
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:

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
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: July - August

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 lobbyed 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.
Chano Administrative Officer Title: PARTNER

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

Summary of Compensation and Reimbursed Expenses for this period

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<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
**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:**

---

EXHIBIT 2- JCOPE 249
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253073

Year of Registration: 2014
Reporting Period: Mark One
- January - February
- March - April
- July - August
- September - October
- May - June
- 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.

EXHIBIT 2- JCOPE 250
7/18/2016
Chief Administrative Officer Title: PARTNER
Third Party Information

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

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<table>
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<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>8000</td>
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</table>

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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

---

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)

☑ 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 #: 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".

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<td>KEITH D.</td>
<td>SERNICK</td>
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</table>

Client Information

Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINNS
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

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<tr>
<th>Compensation  (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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<tbody>
<tr>
<td>8000</td>
<td>0</td>
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</tbody>
</table>

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

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".

<table>
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<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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 Reimbursed Expenses
(Current Period Only) (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

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 SENATASSEMBLY 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.

EXHIBIT 2- JCOPE 257
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".

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<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
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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
City: IRWINDALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

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</tr>
<tr>
<td>30000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 Lobby: 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".

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<td>SERNICK</td>
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Client Information
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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: IRWINDALE
City: FL
State: Zip Code: 91705
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period

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<td>30000</td>
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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

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:

☐ 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".

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<td>KEITH D.</td>
<td>SERNICK</td>
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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  
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<tr>
<th>Compensation (Current Period Only)</th>
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<tr>
<td>$30,000</td>
<td>0</td>
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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

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.
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✔ Check box to agree with previous statement

Date: 1/15/2016

Actual submission date:

First Name: MARLA Last Name: BIER

Comments:
Year of Registration: 2015
Reporting Period:
Mark One
☐ January - February  ☐ March - April  ☐ May - June
☐ July - August  ☐ September - October  ☐ November - December

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Level of Government Lobbied: Both
Type of Lobbyist: Retained

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<td>30000</td>
<td>0</td>
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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 : 
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☑ Check box to agree with previous statement or enter expenses below  

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:  
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(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
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State: NY
Zip Code: 11530
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Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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your "Lobbyist Registration Details Menu".

First Name | Last Name
------------|-----------
RYAN        | KARBEN    
KEITH D.    | SERNICK   

Client Information

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Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US

EXHIBIT 2- JCOPE 271

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?... 7/14/2016
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:
B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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

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:

EXHIBIT 2- JCOPE 272
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:

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☑ 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

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
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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

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First Name | Last Name
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RYAN | KARVEN
KEITH D. | SERNICK

Client Information

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Country: US
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Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER

Third Party Information
Name: READY PAC FOODS, INC.
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State: CA
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period
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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

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
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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 Person's 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
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City: GARDEN CITY
State: NY
Zip Code: 11530
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Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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I have no itemized expenses to report for this period.

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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:

EXHIBIT 2- JCOPE 278
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:

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✓ 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
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Zip Code: US
Country: Business Phone: 626-678-2372

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Subject
Subjects on which you lobbied:

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Person
Person, State Agency, Municipality or Legislative Body lobbied:

ESDC; ONONDAGA COUNTY EXECUTIVE: SENATE ASSEMBLY GOVERNOR’S OFFICE

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☑ 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

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First Name | Last Name
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RYAN | KARBEN
KEITH D. | SERNICK

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Zip Code: 91706
Country: US
Business Phone: 626-678-2372

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Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
300000 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

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 Person's 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:
- ☐ 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".

<table>
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<td>SERNICK</td>
</tr>
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</table>

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

EXHIBIT 2- JCOPE 286
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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.

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✓ Check box to agree with previous statement

Date: 9/8/2015

Actual submission date:

First Name: MARLA Last Name: BJER

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".

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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

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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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

SEEKING FUNDING THROUGH ESDC FOR BUILDING OF A MANUFACTURING PLANT

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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:

EXHIBIT 2- JCOPE 290

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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
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☑ 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".

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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: IRWINDALE
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) $30000
Reimbursed Expenses (Current Period Only) $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: $0
I have no itemized expenses to report for this period.

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

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.

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☐ 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
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State: FL
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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

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</tr>
<tr>
<td>30000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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:

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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: 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

EXHIBIT 2- JCOPE 298
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

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<tr>
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<tbody>
<tr>
<td>12000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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.

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☑ 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
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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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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  

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
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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: 5/22/2015

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Year of Registration: 2015
Reporting Period:
Mark One
☑ January - February ☐ March - April ☑ May - June
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First Name          Last Name
KEITH D.            SERNICK

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Business Address 1: 237 ROUTE 59
Address 2:
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100

EXHIBIT 2- JCOPE 304

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>12000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

$1077,295,5646,3821A,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
EXHIBIT 2- JCOPE 308

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

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

Exhibit 2 - JCOPE 310

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

EXHIBIT 2- JCOPE 310

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
Fax Number: 
Chief Administrative Officer First Name: CHRISTOPHER 
Chief Administrative Officer Last Name: ST. LAWRENCE 
Chief Administrative Officer Title: SUPERVISOR

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 Person's 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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

EXHIBIT 2- JCOPE 316

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
Fax Number:  
Chief Administrative Officer First Name: CHRISTOPHER  
Chief Administrative Officer Last Name: ST. LAWRENCE  
Chief Administrative Officer Title: SUPERVISOR

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

Summary of Compensation and Reimbursed Expenses for this period
<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period : $ 0

Subject
Subjects on which you lobbied:

CHANGES TO THE RPRL 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

EXHIBIT 2- JCOPE 318
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 Lobbying: 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 lobbyed 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

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

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

EXHIBIT 2- JCOPE 321
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

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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  
<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
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<td>0</td>
</tr>
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</table>

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  

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

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<tr>
<th>Date: 9/8/2015</th>
<th>Actual submission date:</th>
</tr>
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</table>

<table>
<thead>
<tr>
<th>First Name: MARLA</th>
<th>Last Name: BIER</th>
</tr>
</thead>
</table>

<table>
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<th>Comments: FAILED TO TIMELY FILE</th>
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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

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
Fax Number:
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 NYSJCQPE personnel, a checked box below indicates that the Responsible Persons signature was on the original paper form submitted to NYSJCQPE)

☑ 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

EXHIBIT 2- JCOPE 327
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

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<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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: 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 

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
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<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 MAZIAZ MAZIAZ 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

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

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 MEMBERS SENATE MEMBERS 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 NYSJOCE personnel, a checked box below indicates that the Responsible Persons signature was on the original paper form submitted to NYSJOCE)

☑ 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

Year of Registration: 2013
Reporting Period:
Mark One
- [ ] January - February
- [ ] March - April
- [ ] May - June
- [x] 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 

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

Summary of Compensation and Reimbursed Expenses for this period

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<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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
- [x] May - June
- [ ] July - August
- [x] September - October
- [ ] November - December

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

<table>
<thead>
<tr>
<th>Principal Lobbyist Name:</th>
<th>STATE ADVISERS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>100 QUENTIN ROOSEVELT BOULEVARD</td>
</tr>
<tr>
<td>Address 2:</td>
<td>SUITE 101</td>
</tr>
<tr>
<td>City:</td>
<td>GARDEN CITY</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>11530</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>516-776-1500</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>516-794-2726</td>
</tr>
<tr>
<td>Email Address:</td>
<td><a href="mailto:KDS@STATEADVISERS.COM">KDS@STATEADVISERS.COM</a></td>
</tr>
<tr>
<td>Type of Lobbying:</td>
<td>Both</td>
</tr>
<tr>
<td>Level of Government Lobbied:</td>
<td>Both</td>
</tr>
<tr>
<td>Type of Lobbyist:</td>
<td>Retained</td>
</tr>
</tbody>
</table>

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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

Client Information

<table>
<thead>
<tr>
<th>Client Business Name:</th>
<th>TOWN OF RAMAPO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>237 ROUTE 59</td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>SUFFERN</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>10901</td>
</tr>
<tr>
<td>Country:</td>
<td>US</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>845-357-5100</td>
</tr>
</tbody>
</table>
Fax Number:
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
Chief Administrative Officer Title: SUPERVISOR

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
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<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>100000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

UISUES 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 Person's 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:
City:
State:
Zip Code:
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 lobbyed 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:
State:
Zip Code:
Country:
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

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<tr>
<td>10000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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 NYSJOPE personnel, a checked box below indicates that the Responsible Persons signature was on the original paper form submitted to NYSJOPE)

☑ 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".

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3500</td>
<td>0</td>
</tr>
</tbody>
</table>

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

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.
No details were entered.

No details were entered.

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

EXHIBIT 2- JCOPE 349

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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
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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

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: May - June

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.
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<td>SERNICK</td>
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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

EXHIBIT 2- JCOPE 352
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

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

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".

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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

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x...  7/14/2016
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

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**Summary of Compensation and Reimbursed Expenses for this period**

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<tbody>
<tr>
<td>500</td>
<td>0</td>
</tr>
</tbody>
</table>

**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

---

**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
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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  

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**Summary of Compensation and Reimbursed Expenses for this period**  
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<tr>
<td>500</td>
<td>0</td>
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**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  

---  
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: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

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<td>4300</td>
<td>0</td>
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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.

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☑ 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
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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  

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**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  

---

**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.

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☑ 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
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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

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

<table>
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<tr>
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Summary of Compensation and Reimbursed Expenses for this period

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<tr>
<th>Compensation (Current Period Only)</th>
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<tbody>
<tr>
<td>4300</td>
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</table>

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

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".

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<td>SERNICK</td>
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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
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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

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**
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**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

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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
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Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75:
B. Report in the aggregate all expenses for salaries of non-lobbying employees:
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

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 RENSSELAER 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.
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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

EXHIBIT 2- JCOPE 376

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x... 7/14/2016
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

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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

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

<table>
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<tr>
<th>Date: 7/1/2013</th>
<th>Actual submission date:</th>
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</table>

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".

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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

EXHIBIT 2- JCOPE 379

https://onlineapps.jcope.ny.gov/Lobbywatch/Administration/LB_BimonthlyReport.aspx?x...  7/14/2016
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

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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

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
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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 Person's 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 #: LBR0215659

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).

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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

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First Name  Last Name
KEITH D.  SERNICK

Client Information
Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
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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
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Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period
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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

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
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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: 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
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Zip Code: 11530
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Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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First Name | Last Name
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KEITH D.   | SERNICK

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Chief Administrative Officer Title: CEO

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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

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 #: 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".

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<thead>
<tr>
<th>First Name</th>
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</tr>
</thead>
<tbody>
<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

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)
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

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:

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☐ 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
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First Name | Last Name
--- | ---
KEITH D. | SERNICK

Client Information
Client Business Name: VMC CONSULTANTS, LP
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Chief Administrative Officer Title: CEO

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

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:

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

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☑ 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
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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 Lobbying: Retained

Additional Lobbyist Information
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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  

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<td>4300</td>
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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  

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:

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

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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 #: 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
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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

EXHIBIT 2- JCOPE 397
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

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<td>4200</td>
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</table>

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

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 RENNSELAER 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.

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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: 11/26/2012

Actual submission date: 

First Name: MARLA  Last Name: BIER
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
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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

EXHIBIT 2- JCOPE 400
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

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<tr>
<td>4300</td>
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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

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:

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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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(If form is being entered or was entered into the system by NYSJCOPE personnel, a checked box below indicates that the Responsible Person's 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
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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

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First Name Last Name
KEITH D. SERNICK

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Zip Code: 14304
Country: US
Business Phone: 716-285-6000
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Chief Administrative Officer Last Name: GANIM, PHD  
Chief Administrative Officer Title: CEO  

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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  

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

☐ 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

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Fax Number: 518-814-1290
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

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Chief Administrative Officer Title: CEO

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Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
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### 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

---

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:

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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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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

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: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

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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:

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☑ 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

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Email Address: KDS@STATEADVISERS.COM
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Level of Government Lobbied: Both
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First Name | Last Name
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KEITH D. | SERNICK

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Country: US
Business Phone: 716-285-6000

EXHIBIT 2- JC0PE 412
Fax Number: 716-285-1000
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Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

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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.

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☑ Check box to agree with previous statement

Date: 2/8/2012 Actual submission date:

First Name: MARLA Last Name: BIER

Comments: