# COMPENSATION REPORTED BY STATE ADVISERS, LLC
## FOR 2015

<table>
<thead>
<tr>
<th>CLIENT NAME</th>
<th>COMPENSATION REPORTED ON 2015 BIMONTHLY REPORTS</th>
<th>PAGE REFERENCE #</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN TAX FUNDING SERVICES, LLC</td>
<td>$10,000</td>
<td>JCOPE 001-015</td>
</tr>
<tr>
<td>CAPITAL WIRELESS, LLC</td>
<td>$80,000</td>
<td>JCOPE 016-030</td>
</tr>
<tr>
<td>CEA CAPITAL HOLDINGS</td>
<td>$90,000</td>
<td>JCOPE 031-042</td>
</tr>
<tr>
<td>COSMOLEDI, LLC</td>
<td>$30,000</td>
<td>JCOPE 043-060</td>
</tr>
<tr>
<td>EXTEND FERTILITY, LLC</td>
<td>$60,000</td>
<td>JCOPE 061-078</td>
</tr>
<tr>
<td>FOREVER REALTY, LLC</td>
<td>$10,000</td>
<td>JCOPE 079-081</td>
</tr>
<tr>
<td>PANNONE LOPES DEVEREAUX &amp; WEST, LLC</td>
<td>$48,000</td>
<td>JCOPE 082-099</td>
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<tr>
<td>READY PAC FOODS, INC./GROVE CONSULT</td>
<td>$165,000</td>
<td>JCOPE 100-114</td>
</tr>
<tr>
<td>TOWN OF RAMAPO</td>
<td>$68,000</td>
<td>JCOPE 115-132</td>
</tr>
<tr>
<td>VAL TRAN, INC./VMC CONSULTANTS, LP</td>
<td>$12,000</td>
<td>JCOPE 133-150</td>
</tr>
<tr>
<td><strong>TOTAL COMPENSATION</strong></td>
<td><strong>$573,000</strong></td>
<td></td>
</tr>
</tbody>
</table>
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247719

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>
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<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: 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: MATT
Chief Administrative Officer Last Name: MARINI
EXHIBIT 4 JCOPE 002

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
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<tr>
<td>10000</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 CHAPTER 510 OF 2013

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

SENATOR BONASIC ASSEMBLY WOMAN 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...
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:

Comments:

First Name: MARLA
Last Name: BIER
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264194

Year of Registration: 2015

Reporting Period:

Mark One

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

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Fax Number: 516-794-2726

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Type of Lobbying: Both

Level of Government Lobbied: Both

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State: FL

Zip Code: 33458

Country: US

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Fax Number: (561) 842-2946

Chief Administrative Officer First Name: MATT

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

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Name:
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State:
Zip Code:
Country: US
Business Phone:

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Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN 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:

S5397 A7705

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
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      statement

Date: 1/15/2016

Actual submission date: [ ]

First Name: MARLA
Last Name: BIER

Comments:
**Year of Registration:** 2015

**Reporting Period:**

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

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- **Country:** US
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- **Chief Administrative Officer First Name:** MATT
- **Chief Administrative Officer Last Name:** MARINI
Chief Administrative Officer Title: PRESIDENT
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Name:
Business Address 1:
Address 2:
City:
State:
Zip Code:
Country: US
Business Phone:

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0 0

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Person, State Agency, Municipality or Legislative Body lobbied:

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S5397 A7705

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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 #: LBR0264197

Year of Registration: 2015

Reporting Period:
Mark One
☐ January - February  ☑ March - April  ☐ May - June
☐ July - August  ☐ September - October  ☑ November - December

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

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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 CHAPTER 510 OF 2013

---

### Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATOR BONASIC ASSEMBLY WOMAN 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:

S5397 A7705

---

### 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
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☑ Check box to agree
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Date: 1/15/2016

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264198

Year of Registration: 2015

Reporting Period:
Mark One
☑ January - February     ☑ March - April     ☑ May - June
☑ July - August         ☑ September - October  ☑ November - December

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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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State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 842-2955
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: MATT
Chief Administrative Officer Last Name: MARINI
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

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Subject
Subjects on which you lobbied:

CHANGES TO CHAPTER 510 OF 2013

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

SENATOR BONASIC ASSEMBLY WOMAN 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:

S5397 A7705

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

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Number or Subject Matter
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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
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Zip Code: 11530
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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
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<td>SERNICK</td>
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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: 

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C. Itemize all expenses exceeding $75:

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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:

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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 #: LBR0247706

Year of Registration: 2015
Reporting Period:
Mark One
- January - February
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Fax Number:
Chief Administrative Officer First Name: JEFFREY D.
Chief Administrative Officer Last Name: GERSON

EXHIBIT 4 JCOPE 019
7/18/2016
### 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:**

**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

EXHIBIT 4 JCOPE 022
7/18/2016
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
Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
200000 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:

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

✓ 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:
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 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: CAPITAL WIRELESS, LLC
Business Address 1:
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

EXHIBIT 4 JCOPE 025
7/18/2016
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>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
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
Submit
Actual
date:
statement:

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: 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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<td>SERNICK</td>
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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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<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
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 #: LBR0253097

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. To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

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

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

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

CEO

### Third Party Information

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

**Business Phone:**

---

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

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

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 DEFRCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA ESD

---

**Bill**

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

No details were entered.

---

**Title**

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

No details were entered.

---

**Number or Subject Matter**

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

No details were entered.

---

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

No details were entered.

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

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

✔ Check box to agree with previous statement

Date: 9/8/2015  Actual submission date: 

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264209

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

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

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

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

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

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

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period
Compensation (Current Period Only)  Reimbursed Expenses (Current Period Only)
20000  0

Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75:
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 DEFRCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

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

☑ Check Box to agree with previous statement

Date: 1/15/2016
Actual submission date: [ ]

First Name: MARLA
Last Name: BIER
Comments: 

7/18/2016
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264210

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

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

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

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

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

First Name Last Name
KEITH D. SERNICK

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

EXHIBIT 4 JCOPE 037
7/18/2016
### 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>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

**Subject on which you lobbied:**

PRODUCTION OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

#### Person

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

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

#### Bill

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

No details were entered.

#### Title

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

No details were entered.

#### Number or Subject Matter

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

No details were entered.

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

No details were entered.

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

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

✓ Check box to agree with previous statement

Date: 1/15/2016

Actual submission date:

First Name: MARLA

Last Name: BIER

Comments:
EXHIBIT 4 JCOPE 040

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264202

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  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

EXHIBIT 4 JCOPE 040
7/18/2016
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>20000</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:

PROCUREMENT OF ECONOMIC DEVELOPMENT MONIES TO BUILD AN SELF CONTAINED FRAM

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

GOVERNOR’S OFFICE SENATOR DEFRCISCO ASSEMBLYMAN STIRPE ONONDAGA COUNTY EXECUTIVE, COUNTY LEGISLATIVE CHAIR AND COUNTY IDA

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

No details were entered.

Declaration

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

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

✓ Check box to agree with previous statement

Date: 1/15/2016

Actual submission date: [ ]

First Name: MARLA
Last Name: BIER

Comments: [ ]
Lobbyist Bi-Monthly Report

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 4 JCOPE 043
7/18/2016
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>
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<tbody>
<tr>
<td>5000</td>
<td>0</td>
</tr>
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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:

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
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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: [Blank]

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247708

Year of Registration: 2015
Reporting Period: March - April
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>KEITH D.</td>
<td>SERNICK</td>
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Client Information

Client Business Name: COSMOLED0 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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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:

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:

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✓ Check box to agree

with previous
statement

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<th>Date</th>
<th>Actual submission date</th>
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<th>Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/22/2015</td>
<td></td>
<td>MARLA</td>
<td>BIER</td>
</tr>
</tbody>
</table>
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253098

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: 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>SERNIOK</td>
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</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 4 JCOPE 049
7/18/2016
Summary of Compensation and Reimbursed Expenses for this period

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<tr>
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<tbody>
<tr>
<td>5000</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
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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:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264204

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

Client Information
Client Business Name: COSMOLED0 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 4 JCOPE 052
7/18/2016
<table>
<thead>
<tr>
<th>Chief Administrative Officer Title:</th>
<th>MANAGING PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Party Information</td>
<td></td>
</tr>
</tbody>
</table>

| Name: | |
| 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...
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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:
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
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<td>SERNICK</td>
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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
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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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 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
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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

Year of Registration: 2015
Reporting Period:
Mark One

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

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Address 2: SUITE 101
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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Client Information
Client Business Name: COSMOLEDG 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:
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Zip Code:
Country:
Business Phone:

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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 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

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No details were entered.

Number or Subject Matter

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✓ Check box to agree
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statement

Date: 1/15/2016

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
- July - August
- September - October
- May - June
- November - December

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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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<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
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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: US
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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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 EDC LAW

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

ASSEMBLYMAN GOTTFIRED SENATOR HANNON SENATE CENTRAL STAFF

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

BUDGET BILL

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

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

✓ Check box to agree
with previous
statement

Date : 5/22/2015 Actual submission date:

First Name: MARLA Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247710

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

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

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

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

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

<table>
<thead>
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<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: 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:

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 EDC LAW

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

SENATE CENTRAL STAFF

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

BUDGET BILL

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

No details were entered.

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

No details were entered.

Subject Matter
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect...
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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:
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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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 4  JCOPE 068

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:

ESD FUNDING

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

SENATOR GOLDEN SENATOR FLANAGAN ESD

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

No details were entered.

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

No details were entered.

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

No details were entered.

Subject Matter
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect
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☑ Check box to agree with previous statement

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<th>Date: 9/8/2015</th>
<th>Actual submission date:</th>
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| 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
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To permanently remove lobbyist(s) who will no longer be performing
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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: 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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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-
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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 #: LBR0264213

Year of Registration: 2015
Reporting Period:
Mark One

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

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

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

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

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

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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

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 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

EXHIBIT 4 JCOPE 074

7/18/2016
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 #: LBR0264214

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".

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<td>SERNICK</td>
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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

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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:

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.

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☑ Check box to agree
with previous
statement

Date: 1/15/2016

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264215

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: 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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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. | SCRNIK

Client Information
Client Business Name: FOREVER REALTY LLC
Business Address 1: 23 FRONT STREET, SUITE 1P
Address 2: 
City: HEMPSTEAD
State: NY
Zip Code: 11550
Country: US
Business Phone: 516-776-1520
Fax Number: 
Chief Administrative Officer First Name: SAMMY
Chief Administrative Officer Last Name: HABIBIAN

EXHIBIT 4 JCOPE 079
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

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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 LAND FROM CLIENT TO NASSAU COUNTY

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

NASSAU COUNTY EXECUTIVE NASSAU COUNTY DEPUTY EXECUTIVE DEPUTY NASSAU COUNTY LEGISLATURE

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

No details were entered.

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

No details were entered.

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

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Subject Matter
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✓: Check box to agree with previous statement

Date: 1/15/2016

Actual submission date: [Blank]

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

Additional Lobbyist Information
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First Name | Last Name
------------|-------------
KEITH D.    | SERNICK

Client Information
Client Business Name: 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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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 :
   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 RENSSELAER COUNTY EXECUTIVE

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

S 285

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

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

☑ Check box to agree with previous statement

Date: 5/22/2015

Actual submission date: 

First Name: MARLA

Last Name: BIER

Comments: 
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247712

Year of Registration: 2015

Reporting Period:

Mark One

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

Principal Lobbyist Information

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUINTIN 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 4

Chief 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

<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

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ALBANY COUNTY LEGISLATIVE 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
No details were entered.

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

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

✓ Check box to agree
with previous
statement

Date: 5/22/2015  Actual submission
date:

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253108

Year of Registration: 2015
Reporting Period:
Mark One

<table>
<thead>
<tr>
<th>January - February</th>
<th>March - April</th>
<th>May - June</th>
</tr>
</thead>
<tbody>
<tr>
<td>July - August</td>
<td>September - October</td>
<td>November - December</td>
</tr>
</tbody>
</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: 516-794-2725
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: 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:

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:

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
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 #: LBR0264216

Year of Registration: 2015
Reporting Period:
Mark One

☑ January - February
☑ March - April
☑ May - June

☑ July - August
☑ September - October
☑ November - December

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

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

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

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

First Name | Last Name
KEITH D. | SERNICK

Client Information
Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.
Chief Administrative Officer Title: PARTNER

Third Party Information

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

---

Summary of Compensation and Reimbursed Expenses for this period

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

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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:

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
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: 1/15/2015

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264219

Year of Registration : 2015
Reporting Period: Mark One

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

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

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

Additional Lobbyist Information

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

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

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

Client Information
Client Business Name: PANNONE LOPES DEVEREAUX & WEST LLC
Business Address 1: 81 MAIN STREET
Address 2: SUITE 510
City: WHITE PLAINS
State: NY
Zip Code: 10601
Country: US
Business Phone: 401-824-5197
Fax Number: 401-824-9942
Chief Administrative Officer First Name: TENO A
Chief Administrative Officer Last Name: WEST, ESQ.

EXHIBIT 4 JCOPE 094
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:

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
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 #: LBR0264220

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).

<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>PANNONE LOPES DEVEREAUX &amp; WEST LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>81 MAIN STREET</td>
</tr>
<tr>
<td>Address 2:</td>
<td>SUITE 510</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>401-824-5197</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>401-824-9942</td>
</tr>
<tr>
<td>Chief Administrative Officer First Name:</td>
<td>TENO A</td>
</tr>
<tr>
<td>Chief Administrative Officer Last Name:</td>
<td>WEST, ESQ.</td>
</tr>
</tbody>
</table>
Chief Administrative Officer Title: PARTNER

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period
Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
8000 0

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

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:

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
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>Actual submission date:</th>
<th>1/15/2016</th>
</tr>
</thead>
</table>

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 lobbyied 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: 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

EXHIBIT 4 JCOPE 100
7/18/2016
Chief Administrative Officer Title: MEMBER

Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
Address 2: 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>
<th>Reimbursed Expenses (Current Period Only)</th>
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</thead>
<tbody>
<tr>
<td>45000</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:

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-
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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: ☐ 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 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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<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: 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

EXHIBIT 4 JCOPE 103
7/18/2016
Chief Administrative Officer Title: MEMBER

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

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>300000</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

Top

D. Total expenses for current period: $ 0

Subject

Subjects on which you lobbied:

ECONOMIC DEVELOPMENT FUNDING

Person

Person, State Agency, Municipality or Legislative Body lobbied:

ESD GOVERNOR'S OFFICE SENAT ASSEMBLY COUNTY OF ONONDAGA

Bill

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

BUDGET BILL

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect...
No details were entered.

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

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

☑ Check box to agree
with previous
statement

Date: 5/22/2015

Actual submission date: 

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253110

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

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

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

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

To Add Additional Lobbyists, who 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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<tr>
<th>First Name</th>
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<tr>
<td>KEITH D.</td>
<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
Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
**Third Party Information**

<table>
<thead>
<tr>
<th>Chief Administrative Officer Title</th>
<th>Member</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>READY PAC FOODS, INC.</td>
</tr>
<tr>
<td>Business Address 1:</td>
<td>4401 FOXDALE AVE</td>
</tr>
<tr>
<td>Address 2:</td>
<td>IRWINDALE</td>
</tr>
<tr>
<td>City:</td>
<td>FL</td>
</tr>
<tr>
<td>State:</td>
<td>US</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>91706</td>
</tr>
<tr>
<td>Country:</td>
<td>US</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>626-678-2372</td>
</tr>
</tbody>
</table>

**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>30000</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:

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:**

**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
No details were entered.

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

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

✓ Check box to agree with previous statement

Date: 9/8/2015

Actual submission date:

First Name: MARLA Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264221

Year of Registration: 2015
Reporting Period:
Mark One

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

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

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

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

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

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

Client Information

Client Business Name: GROVE CONSULTING
Business Address 1: 1450 BRICKELL AVENUE
Address 2: 31ST FLOOR
City: MIAMI
State: FL
Zip Code: 33131
Country: US
Business Phone: 305-379-2322
Fax Number: 305-381-4132
Chief Administrative Officer First Name: JIM
Chief Administrative Officer Last Name: CAMPBELL
Chief Administrative Officer Title: MEMBER
Name: READY PAC FOODS, INC.
Business Address 1: 4401 FOXDALE AVE
City: IRWINDEALE
State: FL
Zip Code: 91706
Country: US
Business Phone: 626-678-2372

Summary of Compensation and Reimbursed Expenses for this period
Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
30000 0

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

ECONOMIC DEVELOPMENT FUNDING

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

ESD GOVERNOR'S OFFICE SENATE ASSEMBLY COUNTY OF ONONDAGA

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

No details were entered.

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

No details were entered.

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

No details were entered.

Subject Matter
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect
No details were entered.

**Declaration**

I declare under penalty of perjury that the information contained in this Bi-
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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

<table>
<thead>
<tr>
<th>Date: 1/15/2016</th>
<th>Actual submission date:</th>
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**First Name:** MARLA  **Last Name:** BIER

**Comments:**
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264223

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.

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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: 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

EXHIBIT 4 JCOPE 112

7/18/2016
**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

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### 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:**

**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.

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I declare under penalty of perjury that the information contained in this Bi-
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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).

<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>NonProcurement</td>
</tr>
<tr>
<td>Level of Government Lobbied:</td>
<td>State</td>
</tr>
<tr>
<td>Type of Lobbyist:</td>
<td>Retained</td>
</tr>
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</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>
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<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

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<tr>
<th>Compensation (Current Period Only)</th>
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<tr>
<td>12000</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:

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 COMPTOLLER SENATE ASSEMBLY

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

S1077 S295 A2032 BUDGET BILLS

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

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

✓ Check Box to agree with previous statement

Date: 5/22/2015  Actual submission date:

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247716

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

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD
Address 2: SUITE 101
City: GARDEN CITY
State: NY
Zip Code: 11530
Business Phone: 516-776-1500
Fax Number: 516-794-2725
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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<tr>
<td>KEITH D.</td>
<td>SERNICK</td>
</tr>
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</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

EXHIBIT 4 JCOPE 118
7/18/2016
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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</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 OF LEGISLATIVE BILL RELATED TO TOWN'S OPERATIONS FIBER ASSESSMENT BILL
NEGOTIATED SALE OF TOWN OBLIGATIONS

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE ASSEMBLY COMPTROLLER'S OFFICE

Bill

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

BUDGET BILLS S295 S1077 A2032

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

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

No details were entered.

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

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

✓ Check box to agree with previous statement

Date: 5/22/2015

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253112

Year of Registration: 2015
Reporting Period: 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: 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: KEITH D.  Last Name: 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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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:

S1077,295,5646,3821A,3293,3292 A7377,2032,7709,5355A,4200A,4182

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE AND ASSEMBLY

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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

No details were entered.

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

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

✓ Check box to agree
with previous
statement

Date: 9/8/2015

Actual
Submission
date:

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264224

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

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

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

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

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

First Name  Last Name
KEITH D.    SERNICK

Client Information
Client Business Name: TOWN OF RAMAPO
Business Address 1: 237 ROUTE 59
Address 2: 
City: SUFFERN
State: NY
Zip Code: 10901
Country: US
Business Phone: 845-357-5100
Fax Number: 
Chief Administrative Officer First Name: CHRISTOPHER
Chief Administrative Officer Last Name: ST. LAWRENCE
### Chief Administrative Officer Title:

SUPERVISOR

#### Third Party Information

<table>
<thead>
<tr>
<th>Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td></td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
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<td>Zip Code:</td>
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<tr>
<td>Country:</td>
<td></td>
</tr>
<tr>
<td>Business Phone:</td>
<td></td>
</tr>
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#### 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 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...
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
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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 #: 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".

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

EXHIBIT 4 JCOPE 127
7/18/2016
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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<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
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<tbody>
<tr>
<td>8000</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 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
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
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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 #: LBR0264229

Year of Registration: 2015

Reporting Period:

Mark One

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

Principal Lobbyist Information

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

Principal Lobbyist Name: STATE ADVISERS, LLC

Business Address 1: 100 QUENTIN ROOSEVELT BOULEVARD

Address 2: SUITE 101

City: GARDEN CITY

State: NY

Zip Code: 11530

Business Phone: 516-776-1500

Fax Number: 516-794-2726

Email Address: KDS@STATEADVISERS.COM

Type of Lobbying: NonProcurement

Level of Government Lobbied: State

Type of Lobbyist: Retained

Additional Lobbyist Information

Delete from the following list any lobbyist(s) who did not lobby this period.

To permanently remove lobbyist(s) who will no longer be performing lobbying services you must go to the "Lobbyist Registration Termination Form" in your "Lobbyist Registration Details Menu".

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

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

Client Information

Client Business Name: TOWN OF RAMAPO

Business Address 1: 237 ROUTE 59

Address 2:

City: SUFFERN

State: NY

Zip Code: 10901

Country: US

Business Phone: 845-357-5100

Fax Number:

Chief Administrative Officer First Name: CHRISTOPHER

Chief Administrative Officer Last Name: ST. LAWRENCE

EXHIBIT 4 JCOPE 130

7/18/2016
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>
<th>Compensation (Current Period Only)</th>
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<tr>
<td>120000</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:

CHANGES TO THE RPTL APPROVAL FOR BORROWING OF MUNICIPAL DEBT

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

NYS COMPTROLLER 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:
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
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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 #: 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:
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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<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:
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO  
Third Party Information  
Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS  
Business Address 1: 9701 NIAGARA FALLS BOULEVARD  
Address 2: SUITE 1A  
City: NIAGRA FALLS  
State: NY  
Zip Code: 14304  
Country: US  
Business Phone: 716-285-6000  

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</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.

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:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0247718

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: 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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Client Information

Client Business Name: VMC CONSULTANTS, LP
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGARA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000
Fax Number: 716-285-1000
Chief Administrative Officer First Name: CHARLES J.
Chief Administrative Officer Last Name: GANIM, PHD
Chief Administrative Officer Title: CEO

Third Party Information
Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period

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<tbody>
<tr>
<td>3500</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:

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

☑ Check box to agree with previous statement

Date: 5/22/2015

Actual submission date:

First Name: MARLA Last Name: BIER
Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0253114

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

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

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

Additional Lobbyist Information
Delete from the following list any lobbyist(s) who did not lobby this period.
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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: NIAGRA FALLS  
State: NY  
Zip Code: 14304  
Country: US  
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period  
Compensation (Current Period Only)  
Reimbursed Expenses (Current Period Only)  
3500 0

Other Lobbying Expenses (Current Period Only)  
A. Report in the aggregate all expenses less than or equal to $75: 0  
B. Report in the aggregate all expenses for salaries of non-lobbying employees: 0  
C. Itemize all expenses exceeding $75:  
I have no itemized expenses to report for this period.  
✓ Check box to agree with previous statement or enter expenses below

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
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Declaration
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✓ Check box to agree with previous statement

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

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264230

Year of Registration: 2015
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
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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. | SER Nick

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

7/18/2016
EXHIBIT 4 JCOPE 143

Chief Administrative Officer Title: CEO

Third Party Information
Name: VAL TRAN, INC./ADVANCE TRANSPORTATION SOLUTIONS
Business Address 1: 9701 NIAGARA FALLS BOULEVARD
Address 2: SUITE 1A
City: NIAGRA FALLS
State: NY
Zip Code: 14304
Country: US
Business Phone: 716-285-6000

Summary of Compensation and Reimbursed Expenses for this period
Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
500 0

Other Lobbying Expenses (Current Period Only)
A. Report in the aggregate all expenses less than or equal to $75:
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
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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: 1/15/2016
Actual submission date:

First Name: MARLA   Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Year of Registration: 2015
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 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

EXHIBIT 4 JCOPE 145
7/18/2016
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
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Summary of Compensation and Reimbursed Expenses for this period

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✓ Check box to agree
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statement.

Date: 1/15/2016

Actual
submission
date: [ ]

First Name: MARLA
Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0264235

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

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