### STATE ADVISERS, LLC LATE FILINGS PRIOR TO 2011

<table>
<thead>
<tr>
<th>REGISTRATION PERIOD</th>
<th>FILING</th>
<th>BIMONTHLY PERIOD</th>
<th>DUE DATE</th>
<th>DATE FILED</th>
<th># OF DAYS LATE</th>
<th>PAGE REFERENCE #</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AMERICAN TAX FUNDING</strong></td>
<td>Registration Statement</td>
<td></td>
<td>8/15/08</td>
<td>11/5/08</td>
<td>80</td>
<td>JCOPE 001-003</td>
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<tr>
<td></td>
<td>2008 Bimonthly</td>
<td>July/August</td>
<td>9/15/08</td>
<td>11/5/08</td>
<td>51</td>
<td>JCOPE 004-006</td>
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<td></td>
<td></td>
<td>Nov/Dec</td>
<td>1/15/09</td>
<td>2/16/09</td>
<td>32</td>
<td>JCOPE 007-009</td>
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<tr>
<td><strong>BIG BELLY SOLAR</strong></td>
<td>2009-2010</td>
<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 010-012</td>
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<tr>
<td><strong>BLACKBOARD</strong></td>
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<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 013-015</td>
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<tr>
<td><strong>HUDSON BAYLOR CORP.</strong></td>
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<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 016-018</td>
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<td><strong>PARKS BY NATURE</strong></td>
<td>2009-2010</td>
<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 019-021</td>
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<tr>
<td><strong>ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY</strong></td>
<td>2009-2010</td>
<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 025-027</td>
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<td>1/18/09</td>
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<td>JCOPE 022-024</td>
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<tr>
<td></td>
<td>2010 Bimonthly</td>
<td>Nov/Dec</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 028-030</td>
</tr>
<tr>
<td><strong>TOWN OF RAMAPO</strong></td>
<td>2009-2010</td>
<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
<td>1</td>
<td>JCOPE 031-033</td>
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<tr>
<td><strong>UTILITY SERVICE CO., INC.</strong></td>
<td>2009-2010</td>
<td>2010 Bimonthly</td>
<td>1/18/11</td>
<td>1/19/11</td>
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<td>JCOPE 034-036</td>
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<td>JCOPE 037-039</td>
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<tr>
<td></td>
<td>2008 Bimonthly</td>
<td>July/August</td>
<td>9/15/08</td>
<td>11/5/08</td>
<td>51</td>
<td>JCOPE 040-042</td>
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<tr>
<td></td>
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<td>Nov/Dec</td>
<td>1/15/09</td>
<td>2/16/09</td>
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<td>JCOPE 043-045</td>
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<tr>
<td><strong>TOTAL LATE FILINGS</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>
Lobbyist Registration Form

Form Confirmation #: LR0014871

Year of Registration: 2007-2008

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2: 
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Both
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information
Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

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

Client Information

Client Business Name: AMERICAN TAX FUNDING LLC
Business Address 1: 345 JUPITER LAKES BOULEVARD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 841-3126
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: JUSTIN
Chief Administrative Officer Last Name: WEISENBACHER
Chief Administrative Officer Title: PRESIDENT

Third party information

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

**Client Business Nature**
Select the category that best describes the nature of the Client's business

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations
- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation
- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

**Subject**
Subjects on which you expect to lobby:

**REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS**

**Person**
Person, State Agency, Municipality, or Legislative Body you expect to lobby:

**SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES**

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

A11678/S8447

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

No details were entered.

**Number or Subject Matter**
Number or Subject Matter of Executive Order of Governor/Municipality on which you 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.

**Contract/Authorizations**
You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same.

Contract / Authorization Start Date (MM/DD/YYYY) :

8/1/2008

Contract / Authorization End Date (MM/DD/YYYY) :

12/31/2008

Check here if mailing:


EXHIBIT 7 - JCOPE 002
Click here to upload signed contract/authorizations:

Choose previous uploaded and unassigned contract/authorization(s) below:

<table>
<thead>
<tr>
<th>FileName</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>L2205_26540.tif</td>
<td>AMERICAN TAX FUNDING LLC 08 REG</td>
<td>12/22/2008 11:13:05 AM</td>
</tr>
</tbody>
</table>

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration
I declare under penalty of perjury that the information contained in this registration 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)

Date: 11/5/2008
Actual submission date:

First Name: MARLA
Last Name: BIER

Comments: FILE BUT FAILED TO DO SO ON TIME SO I AM FILING NOW

Fees
Please check one of the following: 

Amount: 100.00

IMPORTANT: Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode
- Check/Cash

Check Status: ACC

Check No: 0094

Prior to final submission please verify reporting year you have selected.
Year of Registration: 2008
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: 589 BEDFORD STREET
Address 2: STAMFORD
City: CT
State: 06901
Zip Code: (203) 344-9012
Business Phone: (203) 637-7317
Fax Number: 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: AMERICAN TAX FUNDING LLC
Business Address 1: 345 JUPITER LAKES BOULEVARD
Address 2: SUITE 300
City: JUPITER
State: FL
Zip Code: 33458
Country: US
Business Phone: (561) 841-3126
Fax Number: (561) 842-2946
Chief Administrative Officer First Name: JUSTIN
Chief Administrative Officer Last Name: WEISENBAKER

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>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>4000</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:

REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS

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

SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES

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

A11678/S8447

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

No details were entered.

Number or Subject Matter
Number or Subject Matter of Executive Order of Governor/Municipality on which you 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 7 - JCOPE 005


8/4/2016
to lobby:

No details were entered.

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

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

✔ Check box to agree
with previous
statement

Actual
submission
date:

Date: 11/5/2008

First Name: MARLA
Last Name: BIER
Comments:


EXHIBIT 7 - JCOPE 006
Form Confirmation #: LBR0104299

Year of Registration: 2008

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).

<table>
<thead>
<tr>
<th>Principal Lobbyist Name:</th>
<th>STATE ADVISERS, LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>589 BEDFORD STREET</td>
</tr>
<tr>
<td>City:</td>
<td>STAMFORD</td>
</tr>
<tr>
<td>State:</td>
<td>CT</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>06901</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>(203) 344-9012</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(203) 637-7317</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>AMERICAN TAX FUNDING LLC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Address 1:</td>
<td>345 JUPITER LAKES BOULEVARD</td>
</tr>
<tr>
<td>Address 2:</td>
<td>SUITE 300</td>
</tr>
<tr>
<td>City:</td>
<td>JUPITER</td>
</tr>
<tr>
<td>State:</td>
<td>FL</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>33458</td>
</tr>
<tr>
<td>Country:</td>
<td>US</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>(561) 841-3126</td>
</tr>
<tr>
<td>Fax Number:</td>
<td>(561) 842-2946</td>
</tr>
<tr>
<td>Chief Administrative Officer First Name:</td>
<td>JUSTIN</td>
</tr>
<tr>
<td>Chief Administrative Officer Last Name:</td>
<td>WEISENBACHER</td>
</tr>
</tbody>
</table>

EXHIBIT 7

Chief Administrative Officer Title:  PRESIDENT

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

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

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

D. Total expenses for current period: $0  

Subject
Subjects on which you lobbied:
REAL PROPERTY TAX LAW; LOCAL FINANCE LAW; TAX LIEN SALES AND AGREEMENTS  

Person
Person, State Agency, Municipality or Legislative Body lobbied:
SENATE, ASSEMBLY, GOVERNOR'S OFFICE; VARIOUS COUNTIES AND CITIES; CITY OF SCHENECTADY; CITY OF MIDDLETOWN  

Bill
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:
A11678/S8447  

Title
Title and Identifying # of procurement contracts and documents on which you expect to lobby:
No details were entered.  

Number or Subject Matter
Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:
No details were entered.  

Subject Matter  


8/4/2016
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

No details were entered.

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

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

✓ Check box to agree with previous statement

Date: 2/16/2009

Actual submission date:

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148232

Year of Registration: 2010
Reporting Period:
Mark One
☐ January - February ☐ March - April ☐ May - June
☐ July - August ☐ September - October ☐ November - December

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 518-776-1500
Fax Number: 518-465-2602
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: BIG BELLY SOLAR
Business Address 1: 50 BROOK ROAD
Address 2:
City: NEEDHAM
State: MA
Zip Code: 02494
Country: US
Business Phone: 888-820-0300
Fax Number: 617-444-6004
Chief Administrative Officer First Name: JACK
Chief Administrative Officer Last Name: KUTNER


EXHIBIT 7 - JCOPE 010
Third Party Information

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation</th>
<th>Reimbursed Expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Current Period Only)</td>
<td>(Current Period Only)</td>
</tr>
<tr>
<td>4000</td>
<td>0</td>
</tr>
</tbody>
</table>

Other Lobbying Expenses (Current Period Only)

A. Report in the aggregate all expenses less than or equal to $75 : 0
B. Report in the aggregate all expenses for salaries of non-lobbying employees : 0
C. Itemize all expenses exceeding $75 :
I have no itemized expenses to report for this period.

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

D. Total expenses for current period : $ 0

Subject
Subjects on which you lobbied:

No details were entered.

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

No details were entered.

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

EXHIBIT 7 - JCOPE 011


8/4/2016
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: 1/19/2011

Actual
submission
date:

First Name: MARLA
Last Name: BIER

Comments:

**Form Confirmation #: LBR0148233**

**Year of Registration:** 2010  
**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:** 113 STATE STREET  
**Address 2:**  
**City:** ALBANY  
**State:** NY  
**Zip Code:** 12207  
**Business Phone:** 516-776-1500  
**Fax Number:** 518-465-2602  
**Email Address:** KDS@STATEADVISERS.COM  
**Type of Lobbying:** Both  
**Level of Government Lobbied:** Both  
**Type of Lobbyist:** Retained

**Additional Lobbyist Information**

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

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

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

**Client Information**

**Client Business Name:** BLACKBOARD INC.  
**Business Address 1:** 650 MASSACHUSETTS AVENUE NW  
**Address 2:** 6TH FLOOR  
**City:** WASHINGTON  
**State:** DC  
**Zip Code:** 20001  
**Country:** US  
**Business Phone:** 617-901-7458  
**Fax Number:** 818-450-0425  
**Chief Administrative Officer First Name:** MICHAEL  
**Chief Administrative Officer Last Name:** STANTON

**8/4/2016**
Chief Administrative Officer Title: PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

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

Other Lobbying Expenses (Current Period Only)

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

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

C. Itemize all expenses exceeding $75:

I have no itemized expenses to report for this period.

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

D. Total expenses for current period: $0

Subject

Subjects on which you lobbied:

PURCHASE OF AN E911 SYSTEM

Person

Person, State Agency, Municipality or Legislative Body lobbied:

SUPERVISOR TOWN OF NORTH HEMPSTEAD, COUNTY EXECUTIVE NASSAU COUNTY

Bill

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

No details were entered.

Title

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

No details were entered.

Number or Subject Matter

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

No details were entered.

Subject Matter

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


EXHIBIT 7 - JCOPE 014

8/4/2016
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: 1/19/2011
Actual
submission
date:

First Name: MARLA  Last Name: BIER

Comments:
Year of Registration: 2010
Reporting Period:
Mark One
January - February March - April May - June
July - August September - October November - December

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
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: HUDSON BAYLOR CORPORATION
Business Address 1: 237 DUPONT AVENUE
Address 2:
City: NEWBURGH
State: NY
Zip Code: 12551-0947
Country: US
Business Phone: (845) 561-0160
Fax Number: (845) 562-8412
Chief Administrative Officer First Name: TERRANCE
Chief Administrative Officer Last Name: CONROY

EXHIBIT 7 - JCOPE 016

Chief Administrative Officer Title: EXECUTIVE VICE PRESIDENT

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>0</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:
No details were entered.

Person
Person, State Agency, Municipality or Legislative Body lobbied:
No details were entered.

Bill
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:
No details were entered.

Title
Title and Identifying # of procurement contracts and documents on which you expect to lobby:
No details were entered.

Number or Subject Matter
Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:
No details were entered.

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


EXHIBIT 7 - JCOPE 017

8/4/2016
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: 1/19/2011

Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:

EXHIBIT 7 - JCOPE 019

Lobbyist Bi-Monthly Report

Form Confirmation #: LBR0148235

Year of Registration: 2010
Reporting Period: Mark One
☐ January - February  ☐ March - April  ☐ May - June
☐ July - August ☐ September - October ☐ November - December

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
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: PARKS BY NATURE
Business Address 1: 1350 BROADWAY
Address 2:
City: NEW YORK
State: NY
Zip Code: 10018
Country: US
Business Phone: 212-586-9090
Fax Number:
Chief Administrative Officer First Name: JOHN
Chief Administrative Officer Last Name: MELILLO


EXHIBIT 7 - JCOPE 019

8/4/2016
Chief Administrative Officer Title: DIRECTOR OF MARKETING

Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period

<table>
<thead>
<tr>
<th>Compensation (Current Period Only)</th>
<th>Reimbursed Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1000</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 A PARKS MOBILE APPLICATION

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

COMMISSIONER OF PARKS AND RECREATION

Bill
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: 1/19/2011

Actual submission date: [ ]

First Name: MARLA Last Name: BIER

Comments: 

Lobbyist Registration Form

Form Confirmation #: LR00017689

Year of Registration: 2009-2010

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information
Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

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

Client Information

Client Business Name: HOLLAND + KNIGHT LLP
Business Address 1: 195 BROADWAY
Address 2: 24TH FLOOR
City: NEW YORK
State: NY
Zip Code: 10007-3189
Country: US
Business Phone: (860) 232-1244
Fax Number: (212) 385-9010
Chief Administrative Officer First Name: TENO
Chief Administrative Officer Last Name: WEST
Chief Administrative Officer Title: PARTNER

Third party Information

Name: ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY
Business Address 1: 410 TORNE VALLEY ROAD
Address 2:
City: HILLBURN
State: NY


EXHIBIT 7 - JCOPE 022

8/4/2016
Zip Code: 10931
Country: US
Business Phone: (845) 753-2241

Client Business Nature
Select the category that best describes the nature of the Client's business:

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations
- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation
- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

Subject
Subjects on which you expect to lobby:

AMENDING THE TAX LAW

Person
Person, State Agency, Municipality, or Legislative Body you expect to lobby:

SENATE, ASSEMBLY, COMPTROLLER'S OFFICE, GOVERNORS OFFICE, DEPARTMENT OF TAXATION AND FINANCE

Bill
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.

Contract/Authorizations
You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same.

Contract / Authorization Start Date (MM/DD/YYYY) : 10/15/2008
Contract / Authorization End Date (MM/DD/YYYY) :

Check here if mailing:


EXHIBIT 7 - JCOPE 023
8/4/2016
Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration
I declare under penalty of perjury that the information contained in this registration 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)

Date: 1/18/2009

Actual submission date:

First Name: MARLA  Last Name: BIER

Comments:

Fees
Please Check one of the following: ☑️

Amount: $200.00

IMPORTANT: Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode

- Check/Cash

Check No: 0094

Check Status: ACC

Prior to final submission please verify reporting year you have selected.
Year of Registration: 2010

Reporting Period:
Mark One

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

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 518-465-2602
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: NonProcurement
Level of Government Lobbied: Local
Type of Lobbyist: Retained

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

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

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

Client Information
Client Business Name: PANNONE LOPES DEVEREAUX LLC
Business Address 1: 317 IRON HORSE WAY
Address 2: SUITE 314
City: PROVIDENCE
State: RI
Zip Code: 02908
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.
<table>
<thead>
<tr>
<th>Chief Administrative Officer Title:</th>
<th>PARTNER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Third Party Information</td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td>ROCKLAND COUNTY SOLID WASTE MANAGEMENT AUTHORITY</td>
</tr>
<tr>
<td>Business Address 1:</td>
<td>410 TORNE VALLEY ROAD</td>
</tr>
<tr>
<td>Address 2:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>HILLBURN</td>
</tr>
<tr>
<td>State:</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code:</td>
<td>10931</td>
</tr>
<tr>
<td>Country:</td>
<td>US</td>
</tr>
<tr>
<td>Business Phone:</td>
<td>845-753-2241</td>
</tr>
</tbody>
</table>

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

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

**Other Lobbying Expenses (Current Period Only)**

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

B. Report in the aggregate all expenses for salaries of non-lobbying employees: 0

C. Itemize all expenses exceeding $75:

I have no itemized expenses to report for this period.

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

D. Total expenses for current period: $ 0

**Subject**

Subjects on which you lobbied:

No details were entered.

**Person**

Person, State Agency, Municipality or Legislative Body lobbied:

No details were entered.

**Bill**

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

No details were entered.

**Title**

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

No details were entered.

**Number or Subject Matter**

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

No details were entered.

**Subject Matter**

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

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

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

☑ Check box to agree with previous statement.

Date: 1/19/2011

Actual submission date:

First Name: MARLA Last Name: BIER

Comments:
Year of Registration: 2010
Reporting Period:
Mark One
- January - February
- March - April
- May - June
- July - August
- September - October
- November - December

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 113 STATE STREET
Address 2:
City: ALBANY
State: NY
Zip Code: 12207
Business Phone: 516-776-1500
Fax Number: 516-465-2602
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 7 - JCOPE 028
8/4/2016
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

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

Other Lobbying Expenses (Current Period Only)

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

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:

CHANGES TO THE GENERAL MUNICIPAL LAW RELATING TO THE CREATION OF AN INDUSTRIAL DEVELOPMENT AGENCY

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

STATE LEGISLATURE, GOVERNOR, COMPTROLLER

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

S 5316

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

No details were entered.

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

No details were entered.

Subject Matter


EXHIBIT 7 - JCOPE 029
Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:

No details were entered.

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

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

✓ Check box to agree with previous statement.

Date: 1/19/2011
Actual submission date:

First Name: MARLA
Last Name: BIER

Comments:

**Year of Registration:** 2010  
**Reporting Period:**  
Mark One  
- January - February  
- March - April  
- May - June  
- July - August  
- 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>113 STATE STREET</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>ALBANY</td>
</tr>
<tr>
<td>State</td>
<td>NY</td>
</tr>
<tr>
<td>Zip Code</td>
<td>12207</td>
</tr>
<tr>
<td>Business Phone</td>
<td>516-776-1500</td>
</tr>
<tr>
<td>Fax Number</td>
<td>518-465-2602</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</td>
<td>SERNICK</td>
</tr>
</tbody>
</table>

**Client Information**  
Client Business Name: PANNONE LOPES DEVEREUX WEST LLC  
Business Address 1: 317 IRON HORSE WAY  
Address 2: SUITE 314  
City: PROVIDENCE  
State: RI  
Zip Code: 02908  
Country: US  
Business Phone: 401-824-5197  
Fax Number: 401-824-9942  
Chief Administrative Officer First Name: TENO  
Chief Administrative Officer Last Name: WEST, ESQ.


EXHIBIT 7 - JCOPE 031

8/4/2016
Chief Administrative Officer Title: PARTNER

Third Party Information

Name: UTILITY SERVICE CO., INC.
Business Address 1: 535 COURTNEY HODGES BOULEVARD

Address 2:
City: PERRY
State: GA
Zip Code: 31069
Country: US
Business Phone: 478-987-0303

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

<table>
<thead>
<tr>
<th>Other Lobbying Expenses (Current Period Only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Report in the aggregate all expenses less than or equal to $75 : 0</td>
</tr>
<tr>
<td>B. Report in the aggregate all expenses for salaries of non-lobbying employees : 0</td>
</tr>
<tr>
<td>C. Itemize all expenses exceeding $75 :</td>
</tr>
<tr>
<td>I have no itemized expenses to report for this period.</td>
</tr>
</tbody>
</table>

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

D. Total expenses for current period : $ 0

Subject

Subjects on which you lobbied:
No details were entered.

Person

Person, State Agency, Municipality or Legislative Body lobbied:
No details were entered.

Bill

Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:
No details were entered.

Title

Title and Identifying # of procurement contracts and documents on which you expect to lobby:
No details were entered.

Number or Subject Matter

Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:
No details were entered.

Subject Matter

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


EXHIBIT 7 - JCOPE 032
No details were entered.

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

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

✓ Check box to agree with previous statement

Date: 1/19/2011
Actual submission date:

First Name: MARLA Last Name: BIER
Comments:
Year of Registration: 2010
Reporting Period:
Mark One
☐ January - February  ☐ March - April  ☐ May - June
☐ July - August  ☐ September - October  ☐ November - December

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

Principal Lobbyist Name:  STATE ADVISERS, LLC
Business Address 1:  113 STATE STREET
Address 2:
City:  ALBANY
State:  NY
Zip Code:  12207
Business Phone:  516-776-1500
Fax Number:  518-465-2602
Email Address:  KDS@STATEADVISERS.COM
Type of Lobbying:  Both
Level of Government Lobbied:  Both
Type of Lobbyist:  Employed

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 O.  SERNICK

Client Information
Client Business Name:  VADAR SYSTEMS
Business Address 1:  12 CLOCK TOWER PLACE
Address 2:
City:  MYNARD
State:  MA
Zip Code:  01754
Country:  US
Business Phone:  (954) 461-5858
Fax Number:  (954) 461-5851
Chief Administrative Officer First Name:  FRANK
Chief Administrative Officer Last Name:  NATALE
EXHIBIT 7 - JCOPE 035

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

Other Lobbying Expenses (Current Period Only)

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

B. Report in the aggregate all expenses for salaries of non-lobbying employees:
   0

C. Itemize all expenses exceeding $75:
   I have no itemized expenses to report for this period.
   ✔ Check box to agree with previous statement or enter expenses below

D. Total expenses for current period: $ 0

Subject
Subjects on which you lobbied:
No details were entered.

Person
Person, State Agency, Municipality or Legislative Body lobbied:
No details were entered.

Bill
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:
No details were entered.

Title
Title and Identifying # of procurement contracts and documents on which you expect to lobby:
No details were entered.

Number or Subject Matter
Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:
No details were entered.

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

No details were entered.

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

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

☑ Check box to agree with previous statement

<table>
<thead>
<tr>
<th>Date</th>
<th>Actual submission date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/19/2011</td>
<td></td>
</tr>
</tbody>
</table>

First Name: MARLA  Last Name: BIER

Comments:
Lobbyist Registration Form

Form Confirmation #: LR00014870

Year of Registration: 2007-2008

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

Principal Lobbyist Name: STATE ADVISERS, LLC
Business Address 1: 589 BEDFORD STREET
Address 2: 
City: STAMFORD
State: CT
Zip Code: 06901
Business Phone: (203) 344-9012
Fax Number: (203) 637-7317
Email Address: KDS@STATEADVISERS.COM
Type of Lobbying: Procurement
Level of Government Lobbied: Both
Type of Lobbyist: Retained

Additional Lobbyist Information
Click “Remove” to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to “Manage Profile” in the menu.

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

Client Information

Client Business Name: VADAR SYSTEMS
Business Address 1: 12 CLOCK TOWER PLACE
Address 2: SUITE 100
City: MYNARD
State: MA
Zip Code: 01754
Country: US
Business Phone: (954) 461-5858
Fax Number: (954) 461-5851
Chief Administrative Officer First Name: FRANK
Chief Administrative Officer Last Name: NATALE
Chief Administrative Officer Title: CEO

Third party information

Name: 
Business Address 1: 
Address 2: 
City: 
State: 


8/4/2016
Client Business Nature
Select the category that best describes the nature of the Client's business

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations

- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation

- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

Subject
Subjects on which you expect to lobby:
No details were entered.

Person
Person, State Agency, Municipality, or Legislative Body you expect to lobby:
STATE, ERIE COUNTY, PUTNAM COUNTY, ULSTER COUNTY, OTHER COUNTIES AND CITIES

Bill
Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:
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Number or Subject Matter of Executive Order of Governor/Municipality on which you 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.

Contract/Authorizations
You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same.

Contract / Authorization Start Date (MM/DD/YYYY) : 6/1/2008
Contract / Authorization End Date (MM/DD/YYYY) : 12/31/2008

Check here if mailing:


EXHIBIT 7 - JCOPE 038
Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

<table>
<thead>
<tr>
<th>FileName</th>
<th>Description</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>12205_26544.tif</td>
<td>VADAR SYSTEMS 08 REG</td>
<td>12/22/2008 11:25:48 AM</td>
</tr>
</tbody>
</table>

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

Declaration
I declare under penalty of perjury that the information contained in this registration 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)

Date: 11/5/2008

Fees
Please Check one of the following:

Amount: $100.00
IMPORTANT: Please choose your payment carefully - Registration fees are non-refundable.

Payment Mode
- Check/Cash

Check Status: ACC

Prior to final submission please verify reporting year you have selected.
Lobbyist Bi-Monthly Report

Year of Registration: 2008
Reporting Period:
Mark One
- July - August
- September - October
- November - December

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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: VADAR SYSTEMS
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Address 2:
City: MYNARD
State: MA
Zip Code: 01754
Country: US
Business Phone: (954) 461-5858
Fax Number: (954) 461-5851
Chief Administrative Officer First Name: FRANK
Chief Administrative Officer Last Name: NATALE
Chief Administrative Officer Title: CEO
Third Party Information

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

Summary of Compensation and Reimbursed Expenses for this period
Compensation (Current Period Only) Reimbursed Expenses (Current Period Only)
3000 0

Other Lobbying Expenses (Current Period Only)

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

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☑ Check box to agree
with previous
statement

Date: 11/5/2008
Actual
submission
date:

First Name: MARLA  Last Name: BIER

Comments:
Form Confirmation #: LBR0104300

Year of Registration: 2008
Reporting Period:
Mark One
☐ January - February ☐ March - April ☐ May - June
☐ July - August ☐ September - October ☐ November - December

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

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<th>Reimbursed Expenses</th>
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<td>(Current Period Only)</td>
<td>(Current Period Only)</td>
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<tr>
<td>6000</td>
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☑ Check box to agree with
previous statement

Date: 2/16/2009
Actual submission date:

First Name: MARLA

LAST NAME: BIER

Comments: THIS WAS LATE
BECASUE I DID NOT
KNOW I NEEDED TO
DO AS WELL AS THE
CLIENT BI ANNUAL.