

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



User: Lori Donadio

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## Lobbyist Bi-Monthly Report



Form Confirmation #: LBR0000021274

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Year of registration: 2004

Report Period:

Mark one:

January - February

March - April

May - June (Semi-Annual)

July - August

September - October

November - December (Semi-Annual)

### Principal Lobbyist Information

**Principal Lobbyist Name:** CRANE & VACCO, LLC

**Business Address 1:** 90 STATE ST.

**Business Address 2:** SUITE 1507

**City:** ALBANY

**State/Province:** NY

**Zip Code:** 12207

**Business Phone:** (518) 426-0606

**Fax Number:** (518) 463-6148

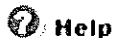
**Email Address:** AKOSIER@CRANEVACCO.COM

**Type of Lobbying:** NonProcurement

**Level of Government you will lobby:** State

**Type of Lobbyist:** Retained

### Additional Lobbyists



**First Name**

**Last Name**

CONSTANCE

CRANE

JAMES

CRANE

ANDREA

KOSIER

DENNIS

VACCO

Client Information

**Client Business Name:** DELAWARE NORTH COMPANIES, INC.

**Business Address 1:** 40 FOUNTAIN PLAZA

**Business Address 2:**

**City:** BUFFALO

**State/Province:** NY

**Zip Code:** 14202

**Country:** UNITED STATES

**Business Phone:** (716) 858-5127

**Fax Number:** (716) 858-5618

**Chief Administrative Officer First Name:** WILLIAM J.

**Chief Administrative Officer Last Name:** BISSETT

**Chief Administrative Officer Title:** VP EXTERNAL AFFAIRS

— Third party information —

**Name:**

**Business Address 1:**

**Business Address 2:**

**City:**

**State/Province:**

**Zip Code:**

**Country:**

**Business Phone:**

Summary of Compensation and Reimbursed Expenses for this period:



Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
\$20,000	\$966

Lobbying Expenses (Current Period Only)



**A. Report in the aggregate all expenses less than or equal to \$75:** **\$111**

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

**C. Itemize all expenses exceeding \$75:**

**I have no itemized expenses to report for this period.**

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

Paid to	Date	Purpose	Ad?	Social Event?	Amount
CAFE CAPRICCIO	08/01/2004	ENTERTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$237

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	07/01/2004	LEGIS RETRIEVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	08/01/2004	LEGIS RET	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
SCHYLER MEADOWS	07/01/2004	ENTERTAINMENT	<input type="checkbox"/>	<input type="checkbox"/>	\$452

**D. Total expenses for current period (A+B+C) : \$966**

Subjects on which you lobbied:

GAMING

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE, ASSEMBLY, EXECUTIVE

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

BUDGET, A116, A4136, A10339, BUDGET, A116, A4136, S1559, S1559, S3135, S6618, S7116, S3135, S7364

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

**Check if none lobbied**

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

**Check if none lobbied**

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

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration

 Help

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

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

Check box to agree with previous statement

Date: 09/14/2004

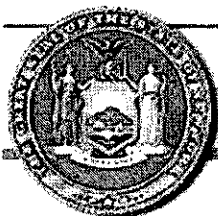
First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

Date	User	Queue	Comment
09/14/2004	LB001180	Submitted	Form submitted by the user ...
09/15/2004	DHECK	PO2 Question	COMP S/B \$20,000 PER CONTRACT
09/16/2004	DHECK	Approved	SPOKE W/ANDREA KOSIER, WILL AMEND TO REFLECT CORRECT COMP, SEND INFO ON EXPENSES



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



User: Lori Donadio

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## Lobbyist Bi-Monthly Report

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Form Confirmation #: LBR0000022723

Print a copy of this page for your records.

Year of registration: 2004

Report Period:

Mark one:

January - February

March - April

May - June (Semi-Annual)

July - August

September - October

November - December (Semi-Annual)

### Principal Lobbyist Information

**Principal Lobbyist Name:** CRANE & VACCO, LLC

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**City:** ALBANY

**State/Province:** NY

**Zip Code:** 12207

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**Fax Number:** (518) 463-6148

**Email Address:** AKOSIER@CRANEVACCO.COM

**Type of Lobbying:** NonProcurement

**Level of Government you will lobby:** State

**Type of Lobbyist:** Retained

### Additional Lobbyists

[Help](#)

First Name	Last Name
CONSTANCE	CRANE
JAMES	CRANE
ANDREA	KOSIER
DENNIS	VACCO

Client Information

Client Business Name: DELAWARE NORTH COMPANIES, INC.

Business Address 1: 40 FOUNTAIN PLAZA

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City: BUFFALO

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Zip Code: 14202

Country: UNITED STATES

Business Phone: (716) 858-5127

Fax Number: (716) 858-5618

Chief Administrative Officer First Name: WILLIAM J.

Chief Administrative Officer Last Name: BISSETT

Chief Administrative Officer Title: VP EXTERNAL AFFAIRS

— Third party information —

Name:

Business Address 1:

Business Address 2:

City:

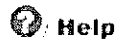
State/Province:

Zip Code:

Country:

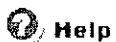
Business Phone:

Summary of Compensation and Reimbursed Expenses for this period:



Compensation (Current Period Only)	Reimbursed Expenses (Current Period Only)
\$20,000	\$166

Lobbying Expenses (Current Period Only)



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

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

**C. Itemize all expenses exceeding \$75:**

I have no itemized expenses to report for this period.

Check box to agree with previous statement or enter expenses below

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	09/01/2004	LEGIS RETRIEVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$83

Paid to	Date	Purpose	Ad?	Social Event?	Amount
LRS	10/01/2004	LEGIS RETRIEVAL	<input type="checkbox"/>	<input type="checkbox"/>	\$83

**D. Total expenses for current period (A+B+C) : \$166**

Subjects on which you lobbied:

GAMING

Person, State Agency, Municipality or Legislative Body lobbied:

SENATE, ASSEMBLY, EXECUTIVE BR

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

BUDGET, A116, A4136, A10339, S1559, S3135, S6618, S7116, S3135, S7364

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

Check if none lobbied

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

Check if none lobbied

Person or Tribe involved in tribal-state compacts, and on which you expect to lobby:

Check if none lobbied

Actual Submission Date

Actual submission date:

Declaration



I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.  
(If form is being entered or was entered into system by NYTSCOL personnel, checked box below indicates that the Responsible Person signature was on the original paper form submitted to NYTSCOL).

Check box to agree with previous statement

Date: 11/03/2004

First Name: CONSTANCE

Last Name: CRANE

Comments:

Workflow

Date	User	Queue	Comment
11/03/2004	LB001180	Submitted	Form submitted by the user ...
11/04/2004	CIRISH	Approved	