

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Year: 2012

Fill in circle if amendment

Report Period: January/June July/December

Type of Lobbying: Nonprocurement Procurement Both

Client Filing Fee Check Number: 1377

FOR OFFICE USE ONLY II "Inc" at end of CLT NAME

HAND DELIVERED

ENT'D FEB 05 2013 130898

RECEIVED JAN 15 2013

CX# 1377 50-

II Client Information

Name: CATHOLIC CONFERENCE POLICY GROUP

Permanent Business Address: 465 STATE STREET

City: ALBANY State: NY ZIP code: 12203

Business Phone: 518-434-6195 Fax Number: 518-434-9796

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: WILSON ELSER & MOSKOWITZ ET AL Phone Number: 518-449-8893
 Address: 677 BROADWAY, 9TH FL
 City: ALBANY State: NY ZIP code: 12207
 Compensation for current period: \$60,000 .00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: PATRICA LYNCH ASSOCIATES INC Phone Number: 518-432-9220
 Address: 677 BROADWAY, SUITE 1105
 City: ALBANY State: NY ZIP code: 12207
 Compensation for current period: \$45,000 .00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: SKEINKOPF LTD Phone Number: 212-725-2378
 Address: 152 MADISON AVENUE, SUITE 1603
 City: NEW YORK State: NY ZIP code: 10016
 Compensation for current period: \$30,000 .00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$135,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$0	.00 (if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF ALBANY
 or
 Single Source Person's Last Name: First Name:

Address: 40 NORTH MAIN AVENUE
 City: ALBANY State: NY ZIP code: 12203
 Phone: 518-453-6635

Date Contribution Received:	06 / 05 / 2012	Amount of Contribution:	\$ 18,171	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contribution(s) Single Source #2

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF BROOKLYN
 or
 Single Source Person's Last Name: First Name:

Address: 75 GREENE AVENUE
 City: BROOKLYN State: NY ZIP code: 11215
 Phone: 718-399-5900

Date Contribution Received:	06 / 05 / 2012	Amount of Contribution:	\$ 84,668	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00
Date Contribution Received:	/ /	Amount of Contribution:	\$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions:

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions:

Designated Addendum sheet for sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

Type of Lobbyist:	<input checked="" type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input checked="" type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:	BEHAN COMMUNICATIONS		Phone Number: 518-792-3856
Address:	86 GLEN STREET		
City:	GLENS FALLS	State: NY	ZIP code: 12801
Compensation for current period:	\$	0	.00
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:			Phone Number:
Address:			
City:		State:	ZIP code:
Compensation for current period:	\$		.00
Type of Lobbyist:	<input type="radio"/> Retained	<input type="radio"/> Employed	<input type="radio"/> Designated
Level of Gov't:	<input type="radio"/> State Lobbying	<input type="radio"/> Local Lobbying	<input type="radio"/> Both
Name:			Phone Number:
Address:			
City:		State:	ZIP code:
Compensation for current period:	\$		.00

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	.00	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	.00	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	.00	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			
PAID TO:	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	.00	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF BUFFALO

or
Single Source Person's Last Name: First Name:

Address: 795 MAIN STREET

City: BUFFALO

State: NY

ZIP code: 14203

Phone: 716-847-8700

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$34,461 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 4

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE ARCHDIOCESE OF NEW YORK

or
Single Source Person's Last Name: First Name:

Address: 1011 FIRST AVENUE

City: NEW YORK

State: NY

ZIP code: 10022

Phone: 212-371-1000

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$ 142,160 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 5

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF OGDENSBURG

or
Single Source Person's Last Name: First Name:

Address: 100 ELIZABETH STREET

City: OGDENSBURG

State: NY

ZIP code: 13669

Phone: 315-393-2920

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$ 5,663 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF ROCHESTER

or
Single Source Person's Last Name: First Name:

Address: 1150 BUFFALO ROAD

City: ROCHESTER State: NY ZIP code: 14624

Phone: 585-436-9200

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$16,871 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 7

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF ROCKVILLE CENTRE

or
Single Source Person's Last Name: First Name:

Address: 50 NORTH PARK AVENUE

City: ROCKVILLE CENTRE State: NY ZIP code: 11570

Phone: 516-678-5800

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$ 82,613 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 8

Single Source Entity's Name: NEW YORK STATE CATHOLIC CONFERENCE DIOCESE OF SYRACUSE

or
Single Source Person's Last Name: First Name:

Address: 240 EAST ONONDAGA STREET

City: SYRACUSE State: NY ZIP code: 13201

Phone: 315-422-7203

Date Contribution Received: 06 / 05 / 2012 Amount of Contribution: \$15,393 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions:

VI Subjects lobbied:

STATUTE OF LIMITATIONS, LEGISLATIVE ISSUES

Continued on attached pages

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

ADMINISTRATIVE, EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT

Continued on attached pages

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

A8549, S6434B

Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

Continued on attached pages

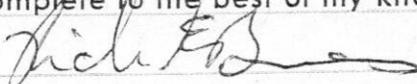
X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)

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.

X SIGNATURE:  DATE: 1/15/2013

PRINT NAME: LAST BARNES FIRST RICHARD

TITLE: PRESIDENT

Mark One: Chief Administrative Officer Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to **\$25** for each day this report is late.