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Print Form

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: CC Auth 08619

FOR OFFICE USE ONLY

Cjm Amendment

Amended: Clt added
Sof F info.

RECEIVED FEB 19 2013

II Client Information

Name: Citizens Union of the City of New York

Permanent Business Address: 299 Broadway, Ste 700

City: New York State: NY ZIP code: 10007

Business Phone: 212-227-0342 Fax Number: 212-227-0345

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: Dick Dadey Phone Number: 212-227-0342
 Address: 299 Broadway Ste 700
 City: New York State: NY ZIP code: 10007
 Compensation for current period: \$9,965.00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Alex Camarda Phone Number: 212-227-0342
 Address: 299 Broadway Ste 700
 City: New York State: NY ZIP code: 10007
 Compensation for current period: \$9,308.00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Rachel Fauss Phone Number: 212-227-0342
 Address: 299 Broadway Ste 700
 City: New York State: NY ZIP code: 10007
 Compensation for current period: \$5,391.00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): **\$24,665.00**

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 194 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 5,515 .00

C Itemize each expense exceeding \$75:

PAID TO: Visa DATE: 09 / 25 / 2012 Ad Social Event
 PURPOSE: Amtrak-DD Albany trip AMOUNT: \$ 183 .00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

PAID TO: Visa DATE: 12 / 31 / 2012 Ad Social Event
 PURPOSE: Visa AMOUNT: \$ 78 .00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

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: \$5,970 .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:
 or Single Source Person's Last Name: Goodman First Name: Lorna
 Address: 1115 Fifth Ave State: NY ZIP code: 10128
 City: New York
 Phone:
 Date Contribution Received: 12 / 28 / 2012 Amount of Contribution: \$ 750 .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:
 or Single Source Person's Last Name: Kaufman First Name: Robert
 Address: 11 Times Square State: NY ZIP code: 10036
 City: New York
 Phone:
 Date Contribution Received: 11 / 05 / 2012 Amount of Contribution: \$ 750 .00
 Date Contribution Received: 08 / 09 / 2012 Amount of Contribution: \$ 1,875 .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:

VI Subjects lobbied:

Continued on attached pages

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

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:

Continued on attached pages

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

Continued on attached pages

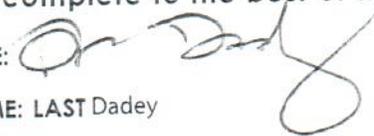
IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

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:** February 15, 2013

PRINT NAME: LAST Dadey **FIRST** Dick

TITLE: Executive Director

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.

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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: Kramer Levin Naftalis and Frankel LLP

or
Single Source Person's Last Name:

First Name:

Address: 1177 Avenue of the Americas

City: New York

State: NY

ZIP code: 10036

Phone:

Date Contribution Received:	10 / 15 / 12	Amount of Contribution:	\$1,125	.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:

or
Single Source Person's Last Name: Plevan

First Name: Kenneth and Bettina

Address: 11 Times Square

City: New York

State: NY

ZIP code: 10036

Phone:

Date Contribution Received:	09 / 25 / 2012	Amount of Contribution:	\$ 3,750	.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:

or
Single Source Person's Last Name: Milstein

First Name: Howard P

Address: 575 Madison Ave

City: New York

State: NY

ZIP code: 10001

Phone:

Date Contribution Received:	09 / 21 / 2012	Amount of Contribution:	\$1,875	.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 #06

Single Source Entity's Name:

or
Single Source Person's Last Name: Appel

First Name: Robert and Helen

Address: 700 Park Ave, Apt 18A

State: NY

ZIP code: 10021

City: New York

Phone:

Date Contribution Received:	09/ /21 / 2012	Amount of Contribution:	\$3,750	.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 #07

Single Source Entity's Name: Cravath Swaine and Moore LLP

or
Single Source Person's Last Name:

First Name:

Address: Worldwide Plaza, 825 8th Ave

State: NY

ZIP code: 10019

City: New York

Phone:

Date Contribution Received:	09 / 18 / 2012	Amount of Contribution:	\$ 3,750	.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 #08

Single Source Entity's Name: Cooley LLP

or
Single Source Person's Last Name:

First Name:

Address: 1114 Avenue of the Americas

State: NY

ZIP code: 10036

City: New York

Phone:

Date Contribution Received:	09 / 14 / 2012	Amount of Contribution:	\$1,125	.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:

P 1 of 7

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 # 9

Single Source Entity's Name: Proskauer Rose

or
Single Source Person's Last Name:

First Name:

Address: 11 Times Square

State: NY

ZIP code: 10036

City: New York

Phone:

Date Contribution Received:	08 / 16 / 2012	Amount of Contribution:	\$3,750	.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 # 10

Single Source Entity's Name:

or
Single Source Person's Last Name: Kaufman

First Name: George

Address: 450 Seventh Ave Penthouse

State: NY

ZIP code: 10123

City: New York

Phone:

Date Contribution Received:	08 / 10 / 2012	Amount of Contribution:	\$ 3,750	.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 # _____

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

State:

ZIP code:

City:

Phone:

Date Contribution Received:	/ /	Amount of Contribution:	\$.00
Date Contribution Received:	/ /	Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: