

NY STATE CLIENT SEMI-ANNUAL REPORT

CSR 49757

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: 1120

FOR OFFICE USE ONLY

gjm *New Profile*
 131095
 II: Cit Name: Homeward Bound Adirondacks
 RECEIVED JAN 18 2013
 ENT'D FEB 11 2013
 CK# 1120 50

II Client Information

Name: Homeward Bound USA
 Permanent Business Address: PO Box 1100
 City: Saranac Lake State: NY ZIP code: 12983
 Business Phone: (518) 891-4151 Fax Number:
 Third Party Beneficiary (see instructions): None

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: Dan Klores Communications, Inc. Phone Number: (518) 813-4832
 Address: 111 Washington Avenue
 City: Albany State: NY ZIP code: 12210
 Compensation for current period: \$ 14000 .00

B Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address: City: State: ZIP code:
 Compensation for current period: \$.00

C Type of Lobbyist: Retained Employed Designated
 Level of Gov't: State Lobbying Local Lobbying Both
 Name: Phone Number:
 Address: City: State: ZIP code:
 Compensation for current period: \$.00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period 14000

IV Current 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: / / Ad Social Event

PURPOSE: AMOUNT: \$.00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: DATE: / / Ad Social Event

PURPOSE: AMOUNT: \$.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: \$.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: Cordelia Corporation
 or
 Single Source Person's Last Name: First Name:

Address: 45 Christopher Street, # 17B
 City: New York State: NY ZIP code: 10014

Phone:

Date Contribution Received:	06 / 25 / 2012	Amount of Contribution:	\$ 16000 .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: First Name:

Address:
 City: State: ZIP code:

Phone:

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
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

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:

VI Subjects lobbied:

1) Administrative advocacy with respect to government strategy; 2) monitoring and analysis of state funding opportunities and state agency activities relevant to New York State Executive and Legislative branches; 3) public relations representing Homeward Bound.

Continued on attached pages

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

New York State Executive and Legislative branches

Continued on attached pages

VII Bill, Rule, Regulation, Rote 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: 01/14/2013

PRINT NAME: LAST Ross
TITLE: President of the Board

FIRST Bob

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.