

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: 166

FOR OFFICE USE ONLY

CK# 166 \$50-

AMENDMENT

Cjn

130450

RECEIVED JAN 14 2013

II Client Information

Name: PUTTING NEW YORKERS TO WORK, INC
Permanent Business Address: 570 LEXINGTON AVENUE
City: NEW YORK State: NY ZIP code: 10022
Business Phone: (212) 532-3100 Fax Number: (212) 683-1185
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: 99 SOLUTIONS LLC Phone Number: (347) 529-4535
Address: 20 JAY STREET - SUITE 1006
City: BROOKLYN State: NY ZIP code: 11201
Compensation for current period: \$ 18,000 .00

B Type of Lobbyist: Retained Employed Designated
Level of Gov't: State Lobbying Local Lobbying Both
Name: MAWAT, PHELPS + PHILLIPS LLP / NYC Phone Number: (212) 790-4530
Address: 7 TIMES SQUARE
City: NEW YORK State: NY ZIP code: 10036
Compensation for current period: \$ 18,000 .00

C Type of Lobbyist: Retained Employed Designated
Level of Gov't: State Lobbying Local Lobbying Both
Name: PUTTING NEW YORKERS TO WORK Phone Number: (212) 616 5265
Address: 570 LEXINGTON AVENUE - 2ND FLOOR
City: NEW YORK State: NY ZIP code: 10022
Compensation for current period: \$ - 0 - .00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ 36,000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ - 0 - .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ - 0 - .00

C Itemize each expense exceeding \$75:

PAID TO: GLOBAL STRATEGY GROUP DATE: 8 / 14 / 12 Ad Social Event

PURPOSE: PULLING AMOUNT: \$ 39,750.00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: GLOBAL STRATEGY GROUP DATE: 10 / 10 / 12 Ad Social Event

PURPOSE: PULLING AMOUNT: \$ 20,000.00 *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: \$ 66,859 .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: TAXPAYERS FOR AN AFFORDABLE NEW YORK

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

Address: 570 LEXINGTON AVENUE

City: NEW YORK State: NY ZIP code: 10022

Phone: (212) 533-3100

Date Contribution Received: 8 / 12 / 12	Amount of Contribution: \$ 10,939 .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: JIMESTOWN PREMIER CHELSEA MARKET LP

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

Address: 75 NINTH AVENUE

City: NEW YORK State: NY ZIP code: 10011

Phone:

Date Contribution Received: 8 / 10 / 12	Amount of Contribution: \$ 18,332 .00
Date Contribution Received: 10 / 25 / 12	Amount of Contribution: \$ 7,293 .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:

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: 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

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

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

IV Other Expenses (Current Semi-Annual Period Only)

PAID TO: *THE MARINE ORGANIZATION* DATE: *8 / 30 / 12* Ad Social Event
PURPOSE: *AD CREATED + PLACEMENT* AMOUNT: \$ *7,109* .00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

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

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

VI Subjects lobbied:

ULURP APPROVAL OF CHELSEA MARKET

LABOR

Continued on attached pages

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

NEW YORK CITY COUNCIL
 OFFICE OF THE MAYOR OF NYC
 OFFICE OF THE MANHATTAN BOROUGH
 MANHATTAN COMMUNITY PSD 4 PRESIDENT
 NY CITY PLANNING COMMISSION

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 or Governor/Municipality lobbied:

Continued on attached pages

X Subject Matter or and Titles 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: 1/10/13

PRINT NAME: LAST SPINDLER FIRST STEVEN

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.