

# 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: 2013 AMENDED  
Fill in circle if amendment   
Report Period:  January/June  July/December  
Type of Lobbying:  Nonprocurement  Procurement  Both  
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

*Cjm*

*Amendment*

RECEIVED JUL 25 2013

*Amended to include S&F*

## II Client Information

Name: Citizen Action of New York, Inc  
Permanent Business Address: 94 Central Ave  
City: Albany State: NY ZIP code: 12206  
Business Phone: 518-465-4600 Fax Number:  
Third Party Beneficiary (see instructions): N/A

## 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: INFO IN ONLINE REPORT Phone Number:  
Address:  
City: State: ZIP code:  
Compensation for current period: \$ .00

**B** Type of Lobbyist:  Retained  Employed  Designated  
Level of Gov't:  State Lobbying  Local Lobbying  Both  
Name: INFO IN ONLINE REPORT 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: INFO IN ONLINE REPORT 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.....(A+B+C+addendum sheets): **\$45598 .00**

**IV Other Expenses (Current Semi-Annual Period Only)**

**A** Report in the aggregate all expenses less than or equal to \$75: \$ INFO IN ONLINE REPOR .00

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ INFO IN ONLINE REPOR .00

**C Itemize each expense exceeding \$75:**

PAID TO: INFO IN ONLINE REPORT DATE: / /  Ad  Social Event

PURPOSE: INFO IN ONLINE REPORT AMOUNT: \$ .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

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PAID TO: INFO IN ONLINE REPORT DATE: / /  Ad  Social Event

PURPOSE: INFO IN ONLINE REPORT 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:** **\$367,154.00** (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: Faulkner First Name: Rosemary

Address: 1636 Benson Ave

City: Brooklyn State: NY ZIP code: 11214

Phone:

Date Contribution Received:	4 / 22 / 13	Amount of Contribution:	\$ 3042 ✓	.00
Date Contribution Received:	3 / 12 / 13	Amount of Contribution:	\$ 600 ✓	.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: Essex County Community Foundation  
or  
Single Source Person's Last Name: First Name:

Address: 175 Andover Street, Suite 101

City: Danvers State: MA ZIP code: 01923

Phone:

Date Contribution Received:	3 / 6 / 13	Amount of Contribution:	\$ 30000 ✓	.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:

**IV Other Expenses (Current Semi-Annual Period Only)****A** Report in the aggregate all expenses less than or equal to \$75: \$ INFO IN ONLINE REPOR .00**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ INFO IN ONLINE REPOR .00**C Itemize each expense exceeding \$75:**

PAID TO: INFO IN ONLINE REPORT	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

PAID TO: INFO IN ONLINE REPORT	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

 Continued on attached pages

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**D Total expenses for current period:** **\$367,154 .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: US Action

or  
Single Source Person's Last Name:

First Name:

Address: 1825 K Street NW, Suite 210

City: Washington

State: DC

ZIP code: 20006

Phone:

Date Contribution Received: 5 / 15 / 13 Amount of Contribution: \$ 16237 ✓ .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

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### IV Other Expenses (Current Semi-Annual Period Only)

**A** Report in the aggregate all expenses less than or equal to \$75: **\$ INFO IN ONLINE REPOR .00**

**B** Report in the aggregate all expenses for salaries of non-lobbying employees: **\$ INFO IN ONLINE REPOR .00**

**C** Itemize each expense exceeding \$75:

PAID TO: INFO IN ONLINE REPORT DATE: / /  Ad  Social Event  
 PURPOSE: INFO IN ONLINE REPORT AMOUNT: \$ .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

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 PURPOSE: INFO IN ONLINE REPORT AMOUNT: \$ .00  \*Addendum attached  
 PROCUREMENT  NONPROCUREMENT

Continued on attached pages

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**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: Proteus Funds  
 or  
 Single Source Person's Last Name: First Name:  
 Address: 101 University Dr, Suite A2  
 City: Amherst State: MA ZIP code: 01002  
 Phone:  
 Date Contribution Received: 3 / 15 / 13 Amount of Contribution: \$ 12000 ✓ .00  
 Date Contribution Received: 4 / 22 / 13 Amount of Contribution: \$ 41700 ✓ .00  
 Date Contribution Received: 5 / 23 / 13 Amount of Contribution: \$ 45000 ✓ .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: See Forward Fund, Inc  
 or  
 Single Source Person's Last Name: First Name:  
 Address: 150 Main Street, Suite 26  
 City: Northampton State: MA ZIP code: 01060  
 Phone:  
 Date Contribution Received: 6 / 14 / 13 Amount of Contribution: \$ 36000 .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:

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**IV Other Expenses (Current Semi-Annual Period Only)****A** Report in the aggregate all expenses less than or equal to \$75: \$ INFO IN ONLINE REPOR .00**B** Report in the aggregate all expenses for salaries of non-lobbying employees: \$ INFO IN ONLINE REPOR .00**C** Itemize each expense exceeding \$75:

PAID TO: INFO IN ONLINE REPORT	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT			

PAID TO: INFO IN ONLINE REPORT	DATE: / /	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT	AMOUNT: \$ .00	<input type="radio"/> *Addendum attached	
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**Contribution(s) from Single Source #1**

Single Source Entity's Name: New York State Trial Lawyers Association

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

Address: 132 Nassau Street

City: New York State: NY ZIP code: 10038

Phone:

Date Contribution Received: 3 / 12 / 13 Amount of Contribution: \$9000 ✓ .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: Friends of Democracy

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

Address: 1133 19th Street NW, 9th Floor

City: Washington State: DC ZIP code: 20036

Phone:

Date Contribution Received: 3 / 27 / 13 Amount of Contribution: \$143124 ✓ .00

Date Contribution Received: 5 / 6 / 13 Amount of Contribution: \$60000 ✓ .00

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

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

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

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**C Itemize each expense exceeding \$75:**

PAID TO: INFO IN ONLINE REPORT	DATE: / /	AMOUNT: \$ .00	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT			<input type="radio"/> *Addendum attached	
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT				

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PAID TO: INFO IN ONLINE REPORT	DATE: / /	AMOUNT: \$ .00	<input type="radio"/> Ad	<input type="radio"/> Social Event
PURPOSE: INFO IN ONLINE REPORT			<input type="radio"/> *Addendum attached	
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#### Contribution(s) from Single Source #1

Single Source Entity's Name: New York State Nurse Association  
 or  
 Single Source Person's Last Name: First Name:

Address: 11 Cornell Rd  
 City: Latham State: NY ZIP code: 12110  
 Phone:

Date Contribution Received: 2 / 25 / 13	Amount of Contribution: \$ 3000 ✓	.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: Communication Workers of America  
 or  
 Single Source Person's Last Name: First Name:

Address: 501 Third Street NW  
 City: Washington State: DC ZIP code: 20001  
 Phone:

Date Contribution Received: 6 / 17 / 13	Amount of Contribution: \$ 6000 ✓	.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

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**VI** Subjects lobbied:

SEE ONLINE REPORT

Continued on attached pages

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

SEE ONLINE REPORT

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:

SEE ONLINE REPORT

Continued on attached pages

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

SEE ONLINE REPORT

Continued on attached pages

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

SEE ONLINE REPORT

Continued on attached pages

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

SEE ONLINE REPORT

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:** *Anthony Lloyd*      **DATE:** 7/22/13

**PRINT NAME: LAST** Lloyd      **FIRST** Anthony

**TITLE:** Finance 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.