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

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
JUL 15 2013
amendment
amended to include S of F

II Client Information

Name: Citizen Action of New York

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 ONLINE FILING Phone Number: INFO ONLINE FILING

Address: INFO ONLINE FILING

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 ONLINE FILING Phone Number: INFO ONLINE FILING

Address: INFO ONLINE FILING

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 ONLINE FILING Phone Number:

Address: INFO ONLINE FILING

City: INFO ONLINE FILING 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**): $ On line .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: / / ○ 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: $ 412,752- (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 / 2013 Amount of Contribution: $ 2890 .00

Date Contribution Received: 3 / 12 / 2013 Amount of Contribution: $ 570 .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: 174 Andover Street, Suite 101

City: Danvers State: MA ZIP code: 01923

Phone:

Date Contribution Received: 3 / 6 / 13 Amount of Contribution: $ 28500 .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: $ .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

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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 Drive, Suite A2

City: Amherst State: MA ZIP code: 01002

Phone:

Date Contribution Received: 3 / 15 / 2013 Amount of Contribution: $ 11400 .00

Date Contribution Received: 4 / 22 / 2013 Amount of Contribution: $ 39615 .00

Date Contribution Received: 5 / 23 / 2013 Amount of Contribution: $ 42750 .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: $ 34200 .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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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

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Contribution(s) from Single Source #1

Single Source Entity's Name: New York Nurse Assn

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 / 2013 Amount of Contribution: $ 2850 .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: $ 5700 .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: ○

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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

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D **Total expenses for current period:** $ .00 (if applicable, include all expenses from attached pages in total)

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Contribution(s) from Single Source #1

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

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 / 2013 Amount of Contribution: $ 8550 .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

City: Washington State: DC ZIP code: 20036

Phone:

Date Contribution Received: 3 / 27 / 13 Amount of Contribution: $ 135968 .00

Date Contribution Received: 5 / 6 / 13 Amount of Contribution: $ 57000 .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: ○

VI Subjects lobbied

SEE ONLINE FILING

○ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied

SEE ONLINE FILING

○ 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 FILING

○ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied

SEE ONLINE FILING

○ Continued on attached pages

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

SEE ONLINE FILING

○ Continued on attached pages

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

SEE ONLINE FILING

○ 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:** 7/12/2013

PRINT NAME: LAST Anthony **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.

Paid via web filing 7/12/13

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