

# 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:	
Fill in circle if amendment <input type="radio"/>	
Report Period: <input type="radio"/> January/June <input type="radio"/> July/December	
Type of Lobbying: <input type="radio"/> Nonprocurement <input type="radio"/> Procurement <input type="radio"/> Both	
Client Filing Fee Check Number:	

FOR OFFICE USE ONLY

II Client Information		
Name:		
Permanent Business Address:		
City:	State:	ZIP code:
Business Phone:	Fax Number:	
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.		
<b>A</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$ .00	
<b>B</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$ .00	
<b>C</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated	
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$ .00	
<input type="radio"/> Continued on attached pages		
<b>D</b>	<b>TOTAL COMPENSATION</b> of ALL lobbyists for current period.....(A+B+C+addendum sheets):	\$ .00



## 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:**

**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.**

<b>X</b> SIGNATURE:	DATE:
PRINT NAME: LAST	FIRST
TITLE:	
Mark One: <input type="radio"/> Chief Administrative Officer <input type="radio"/> 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.

## 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: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:		Phone Number:
Address:		
City:	State:	ZIP code:
Compensation for current period: \$ <span style="float: right;">.00</span>		
Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:		Phone Number:
Address:		
City:	State:	ZIP code:
Compensation for current period: \$ <span style="float: right;">.00</span>		
Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated		
Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both		
Name:		Phone Number:
Address:		
City:	State:	ZIP code:
Compensation for current period: \$ <span style="float: right;">.00</span>		

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

PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ <span style="float: right;">.00</span>	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ <span style="float: right;">.00</span>	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ <span style="float: right;">.00</span>	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$ <span style="float: right;">.00</span>	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		

# 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:

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:

### Contributions from Single Source # \_\_\_\_\_

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:

### Contributions from Single Source # \_\_\_\_\_

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:

# Designated Addendum sheet for section V(B)

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

### B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

**Single Source #** \_\_\_\_\_

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

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

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

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
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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**Single Source #** \_\_\_\_\_

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

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

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
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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Date Contribution Received:	/	/	Amount of Contribution: \$	.00
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# Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

## IV \* Itemized Expenses

Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	
Name of Individual:	Amt Attributable to Individual: \$	.00
Title of Individual:	Employer of Individual:	

## V Subjects lobbied:

## VI Person, State Agency, Municipality or Legislative Body lobbied:

## 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:

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

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

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