

# 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:

FOR OFFICE USE ONLY

RECEIVED JAN 17 2013

**II Client Information**

Name: NYSAFAA New York State Association for Affordable Housing

Permanent Business Address:

City: 242 W. 36th St. State: NY ZIP code: 10018

Business Phone: 646 473 1205 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.

**A** Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Submitted Online Phone Number:

Address: Submitted Online State: ZIP code:

City: Compensation for current period: \$ .00

**B** Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: Phone Number:

Address: State: ZIP code:

City: 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: State: ZIP code:

City: Compensation for current period: \$ .00

Continued on attached pages

**D TOTAL COMPENSATION** of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$ .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: \$                      .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: Comfort Systems

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

Address: 7 Waterside Co's city

City: Windsor State: CA ZIP code: 06095

Phone: 860 687 0709

Date Contribution Received: <u>9 / 1 / 12</u>	Amount of Contribution: \$ <u>292</u> .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ .00
Date Contribution Received: <u>/ /</u>	Amount of Contribution: \$ .00
Date Contribution Received: <u>/ /</u>	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: Cannatheyman Weiss

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

Address: 54 State St.

City: Albany State: NY ZIP code:

Phone: 518 465 1500

Date Contribution Received: <u>9 / 1 / 12</u>	Amount of Contribution: \$ <u>159.60</u> .00
Date Contribution Received: <u>9 / 27 / 12</u>	Amount of Contribution: \$ <u>111.72</u> .00
Date Contribution Received: <u>11 / 1 / 12</u>	Amount of Contribution: \$ <u>29.26</u> .00
Date Contribution Received: <u>7 / 28 / 12</u>	Amount of Contribution: \$ <u>18.62</u> .00
Date Contribution Received: <u>12 / 15 / 12</u>	Amount of Contribution: \$ <u>159.60</u> .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:

**V Source of Funding Disclosure**

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

Contributions from Single Source #13 *Cohn Reznick*

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:

*500 East Pratt St. Suite 200  
Baltimore MD 410-783 4900*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *12/5/12* Amount of Contribution: \$ *212.80* .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:

*Single source #4*

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:

*Norstar  
200 South Division St. Buffalo NY  
14204  
716 847 1098*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *9/25/12* Amount of Contribution: \$ *79.80* .00  
Date Contribution Received: *12/18/12* Amount of Contribution: \$ *212.80* .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 #45 *Conifer*

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:

*183 E Main St. 6th fl, Rochester NY  
14604  
585 324 0500*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *12/15/12* Amount of Contribution: \$ *212.80* .00  
Date Contribution Received: *9/27/12* Amount of Contribution: \$ *133* .00  
Date Contribution Received: *11/1/12* Amount of Contribution: \$ *53.20* .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:

**V Source of Funding Disclosure**

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

**Contributions from Single Source #1**

*Artimus*

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

*37 W. 65th St. NY NY 10023*

Entity's or Person's Address:

Entity's or Person's Phone:

*212 996 5100*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *12 / 18 / 12* Amount of Contribution: \$ *212.80* .00

Date Contribution Received: *9 / 18 / 12* Amount of Contribution: \$ *3.99* .00

Date Contribution Received: *1 / 28 / 12* Amount of Contribution: \$ *53.20* .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:

**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: \$	.00	
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	
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	

*United One*

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

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

**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:	

**V Subjects lobbied:**

*Strike*  
*OR*  
*ONE*

**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:**

*Strike*  
*OR*  
*ONE*

**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 contracts, etc lobbied:**

**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 amended introduction of legislation or a resolution which you lobbied:

Continued on attached pages

*Submitted On Line*

**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: *[Signature]*  
 PRINT NAME: LAST *Robyoff*  
 TITLE: *Executive Director*  
 Mark One:  Chief Administrative Officer

DATE: *1/15/13*  
 FIRST *Alison*

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.

*Paid On Line*