

# 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: #101880

FOR OFFICE USE ONLY

CL# 101880 50-

130981

Cjm

RECEIVED JAN 16 2013  
ENT'D FEB 19 2013

## II Client Information

Name: MyWireless.Org

Permanent Business Address: 1400 16th St. NW, Suite 600

City: Washington

State: DC

ZIP code: 20036

Business Phone: 202-736-3889

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: MyWireless.Org

Phone Number: 202-736-3889

Address: 1400 16th St. NW, Suite 600

City: Washington

State: DC

ZIP code: 20036

Compensation for current period: \$219 .00

B Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: MCGRATH MATTER ASSOCIATES

Phone Number: (212) 354-5588

Address: 1500 BROADWAY

City: New York

State: NY

ZIP code: 10036

Compensation for current period: \$60000 .00

C Type of Lobbyist:  Retained  Employed  Designated

Level of Gov't:  State Lobbying  Local Lobbying  Both

Name: REVOLUTION MEDIA GROUP, LLC

Phone Number: (202) 682-1699

Address: 1090 VERMONT AVE. NW, SUITE 230

City: Washington

State: DC

ZIP code: 20005

Compensation for current period: \$0 .00

Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$60,219 .00

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

A Report in the aggregate all expenses less than or equal to \$75:	\$ 187	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
<b>C Itemize each expense exceeding \$75:</b>		
PAID TO: MMA	DATE: 7 / 17 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Phone	AMOUNT: \$79 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
PAID TO: MMA	DATE: 7 / 17 / 2012	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE: Travel	AMOUNT: \$443 .00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input checked="" type="radio"/> NONPROCUREMENT		
<input checked="" type="radio"/> 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:	\$1,040 .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: CTIA - The Wireless Association  
 or  
 Single Source Person's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: 1400 16th St NW Suite 600  
 City: Washington State: DC ZIP code: 20036

Phone: 202-736-3200

Date Contribution Received: 7 / 27 / 2012	Amount of Contribution: \$64,690	.00
Date Contribution Received: 12 / 19 / 2012	Amount of Contribution: \$49,997	.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
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:

# 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:       

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) 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: MMA DATE: 9 /12 /2012  Ad  Social Event

PURPOSE: Phone AMOUNT: \$99 .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: MMA DATE: 10 /31 /2012  Ad  Social Event

PURPOSE: Phone AMOUNT: \$72 .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: MMA DATE: 12 /17 /2012  Ad  Social Event

PURPOSE: Phone AMOUNT: \$76 .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: MMA DATE: 12 /17 /2012  Ad  Social Event

PURPOSE: Phone AMOUNT: \$84 .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

PAID TO: \_\_\_\_\_ DATE: / /  Ad  Social Event

PURPOSE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ .00  \*Addendum attached

PROCUREMENT  NONPROCUREMENT

**VI** Subjects lobbied:

WIRELESS TELECOMMUNICATIONS (REGULATION, TAXES AND CONSUMER PROTECTION)

Continued on attached pages

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

NEW YORK STATE ASSEMBLY; NEW YORK STATE SENATE; NEW YORK STATE GOVERNOR'S OFFICE

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:

None

Continued on attached pages

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

None

Continued on attached pages

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

None

Continued on attached pages

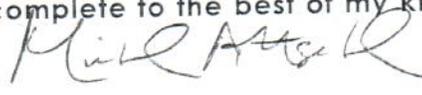
**X** Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

None

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: 1/14/2013

PRINT NAME: LAST Altschul

FIRST Michael

TITLE: Secretary, MyWireless.Org

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.