

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Affix legible number and block letters in order.

COMPLETE ALL SECTIONS
before submitting or form will be returned

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

FOR OFFICE USE ONLY
RECEIVED JAN 30 2013

II Client Information		
Name: New Yorkers for Constitutional Freedoms		
Permanent Business Address: PO Box 107		
City: Spencerport	State: NY	ZIP code: 14559-0107
Business Phone: 585 225-2220	Fax Number: 585 225-2810	
Third Party Beneficiary (see instructions):		

III Lobbyist(s) Information & Compensation (Current Period Only)		
<small>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.</small>		
A	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	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
C	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="checkbox"/> 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: / /	<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			
<input 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:	\$0 .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.

Contribution(s) from Single Source #1

Single Source Entity's Name:

OR
Single Source Person's Last Name: Peckham (Estate of) First Name: Ruth

Address: 61 Harvard Dr.

City: Hartsdale State: NY ZIP code: 10530-2006

Phone:

Date Contribution Received:	12 / 26 / 12	Amount of Contribution:	\$ 5000 .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
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

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:

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.

X SIGNATURE: 	DATE: 1/25/13
PRINT NAME: LAST McGuire	FIRST Jason
TITLE: Executive Director	
Mark One: <input checked="" 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.