

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

cjn *Amendment*

HAND DELIVERED
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RECEIVED JUL 15 2013

II Client Information

Name: New York State Federation of School Administrators

Permanent Business Address: 40 Rector Street, 12th Floor

City: New York State: NY ZIP code: 10006

Business Phone: 212-823-2026 Fax Number: 212-962-6240

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: _____ Phone Number: _____
 Address: _____
 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: _____ Phone Number: _____
 Address: _____
 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: _____ Phone Number: _____
 Address: _____
 City: _____ 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): \$.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:

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:

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: *New York City Council of School Supervisors and Administrators*

Entity's or Person's Full Name:

Entity's or Person's Address: *40 Rector Street, NY, NY, 10006*

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	<i>1 / 28 / 2013</i>	Amount of Contribution:	\$	<i>2,335</i>	.00
Date Contribution Received:	<i>2 / 28 / 2013</i>	Amount of Contribution:	\$	<i>2,339</i>	.00
Date Contribution Received:	<i>3 / 31 / 2013</i>	Amount of Contribution:	\$	<i>2,345</i>	.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: *NYC Council of School Supervisors + Administrators Retired Chapter*

Entity's or Person's Full Name:

Entity's or Person's Address: *40 Rector Street, NY NY 10006*

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	<i>1 / 28 / 2013</i>	Amount of Contribution:	\$	<i>617</i>	.00
Date Contribution Received:	<i>2 / 28 / 2013</i>	Amount of Contribution:	\$	<i>617</i>	.00
Date Contribution Received:	<i>3 / 31 / 2013</i>	Amount of Contribution:	\$	<i>615</i>	.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

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VII

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VII

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VIII

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IX

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X

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XI

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: Peter J McNally

DATE: 7-14-2013

PRINT NAME: LAST McNally

FIRST PETER

TITLE: EXECUTIVE DIRECTOR

Mark One: Chief Administrative Officer Designee/Attachee

-You must attach a \$50 dollar filing fee to each semi-annual report. No fee is required if you are filing a late report.

-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.