

NY STATE CLIENT SEMI-ANNUAL REPORT

MARK ONE:

Jan/June

July/December

YEAR

FOR OFFICE USE ONLY (Rev. 2002)

I Client Information

A. NAME

Fill in square if amendment

B. PERMANENT BUSINESS ADDRESS
Street Address

City

State

ZIP Code

C. BUSINESS PHONE

FAX NUMBER

D. THIRD PARTY BENEFICIARY (SEE INSTRUCTIONS)

II Lobbyist(s) Information

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the \$2000 threshold was exceeded by that individual or organization. Compensation paid to each employee lobbyist MUST be reported separately.

A. Mark one: STATE Lobbying LOCAL Lobbying BOTH

NAME

PHONE

ADDRESS

Retained

Employed

Other

COMPENSATION PAID
OR OWED DURING
CURRENT SEMI-ANNUAL PERIOD.

\$

.00

B. Mark one: STATE Lobbying LOCAL Lobbying BOTH

NAME

PHONE

ADDRESS

Retained

Employed

Other

COMPENSATION PAID
OR OWED DURING
CURRENT SEMI-ANNUAL PERIOD.

\$

.00

C. Mark one: STATE Lobbying LOCAL Lobbying BOTH

NAME

PHONE

ADDRESS

Retained

Employed

Other

COMPENSATION PAID
OR OWED DURING
CURRENT SEMI-ANNUAL PERIOD.

\$

.00

Continued on attached pages

D. TOTAL COMPENSATION..... (A+B+C+CONTINUATION SHEET):

\$

.00

III 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 (MM/DD/YYYY)	PURPOSE	AMOUNT
1.			\$.00
2.			\$.00
3.			\$.00
4.			\$.00

Continued on attached pages

If any expense listed above exceeds \$75 for an individual you must fill in this square and attach an addendum listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.

D. Total expenses for current semi-annual period..... (A+B+C): \$.00

IV Subjects Lobbied:

V Person, State Agency, or Legislative Body Lobbied:

Continued on attached pages

Continued on attached pages

VI Fill in 6 digit Bill, Rule, Regulation or Rate # Lobbied:

Continued on attached pages

VII 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.

SIGNATURE

DATE (MM/DD/YYYY)

X

PRINT NAME
Last Name

First Name

MI

TITLE

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 part VII.
- If applicable, continuation sheets for parts II, III, IV, V, and VI.

PLEASE NOTE:

You may be assessed up to \$25 for each day this report is late.