

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: Paid by credit card online

FOR OFFICE USE ONLY

Rec'd Oct. 15, 2013

II Client Information

Name: Working Families Organization
Permanent Business Address: 2 Nevins Street, 3rd Floor
City: Brooklyn State: NY ZIP code: 11217
Business Phone: 718-222-3796 Fax Number: 718-246-3718
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: Working Families Organization Phone Number: 718-222-3796
Address: 2 Nevins Street, 3rd Floor
City: Brooklyn State: NY ZIP code: 11217
Compensation for current period: \$4544 .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: 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: State: ZIP code:
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): \$45444 .00

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: SKD Knickerbocker DATE: 05 /08 /13 Ad Social Event

PURPOSE: Direct Mail AMOUNT: \$49000 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 05 /17 /13 Ad Social Event

PURPOSE: Direct Mail AMOUNT: \$50523 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 05 /24 /13 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$3181 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 05 /31 /13 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$5610 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 06 /07 /13 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$5042 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

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: NYS Paid Family Leave Coalition DATE: 06 / 10 / 2013 Ad Social Event

PURPOSE: Conference call services AMOUNT: \$ 2100 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 06 / 14 / 2013 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$ 7740 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 06 / 21 / 2013 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$ 9363 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: Community Labor Administrative Services Inc. DATE: 06 / 28 / 2013 Ad Social Event

PURPOSE: Canvass Payroll AMOUNT: \$ 529 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

PAID TO: The Stopler Group DATE: 03 / 18 / 2013 Ad Social Event

PURPOSE: Radio Ad AMOUNT: \$ 40,000 .00 *Addendum attached

PROCUREMENT NONPROCUREMENT

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 0 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 0 .00

C Itemize each expense exceeding \$75:

PAID TO: SKD Knickerbocker DATE: 03 / 28 / 2013 Ad Social Event
 PURPOSE: Direct mail and video AMOUNT: \$ 42000 .00 *Addendum attached
 PROCUREMENT NONPROCUREMENT

PAID TO: SKD Knickerbocker DATE: 04 / 11 / 2013 Ad Social Event
 PURPOSE: Newspaper Ad AMOUNT: \$ 1750 .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: \$ 238938 .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: AFSCME Connecticut Council No. 4

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

Address: 444 East Main Street

City: New Britain State: CT ZIP code: 06051

Phone: 860-224-4000

Date Contribution Received: 4 / 15 / 2013 Amount of Contribution: \$ 611 .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: Citizen Action of New York, Inc.

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

Address: 94 Central Avenue

City: Albany State: NY ZIP code: 12206

Phone: 518-465-4600

Date Contribution Received: 02 / 21 / 2013 Amount of Contribution: \$ 1092 .00

Date Contribution Received: 01 / 08 / 2013 Amount of Contribution: \$ 291 .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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Congress of Connecticut Community Colleges

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

Address: 907 Wethersfield Avenue

City: Hartford State: CT ZIP code: 06114

Phone: (860) 296-5172

Date Contribution Received:	14 / 03 / 2013	Amount of Contribution:	\$582	.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:

Contributions from Single Source # 4

Single Source Entity's Name: Connecticut Education Association

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

Address: Capitol Place, 21 Oak Street, Suite 500

City: Hartford State: CT ZIP code: 06106

Phone: (203) 465-7044

Date Contribution Received:	02 / 25 / 2013	Amount of Contribution:	\$1165	.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:

Contributions from Single Source # 5

Single Source Entity's Name: Connecticut State UAW - CAP Council

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

Address: 111 South Road

City: Farmington State: CT ZIP code: 06032

Phone: 860-674-0143

Date Contribution Received:	02 / 22 / 2013	Amount of Contribution:	\$873	.00
Date Contribution Received:	01 / 04 / 2013	Amount of Contribution:	\$291	.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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 6

Single Source Entity's Name: CT Citizen Action Group, Inc.

or
Single Source Person's Last Name:

First Name:

Address: 30 Arbor Street, Suite 6N

City: Hartford

State: CT

ZIP code: 06106

Phone:

Date Contribution Received:	05 / 09 / 2013	Amount of Contribution:	\$ 3737	.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:

Contributions from Single Source # 7

Single Source Entity's Name: Essex County Community Foundation

or
Single Source Person's Last Name:

First Name:

Address: 175 Andover Street, Suite 101

City: Danvers

State: MA

ZIP code: 01923

Phone:

Date Contribution Received:	03 / 05 / 2013	Amount of Contribution:	\$ 25823	.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:

Contributions from Single Source # 8

Single Source Entity's Name: Funding Exchange

or
Single Source Person's Last Name:

First Name:

Address: 666 Broadway, Suite 500

City: New York

State: NY

ZIP code: 10012

Phone:

Date Contribution Received:	01 / 18 / 2013	Amount of Contribution:	\$ 6638	.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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #9

Single Source Entity's Name: Grassroots Strategies Inc.

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

Address: 30 Arbor Street, Suite 6N

City: Hartford

State: CT

ZIP code: 06106

Phone: 860-523-1699

Date Contribution Received: 5 / 16 / 2013 Amount of Contribution: \$ 582 .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:

Contributions from Single Source # 10

Single Source Entity's Name: Leadership Center for the Common Good

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

Address: 11 Dupont Circle, #240

City: Washington

State: DC

ZIP code: 20036

Phone: 202-464-7377

Date Contribution Received: 2 / 8 / 2013 Amount of Contribution: \$ 25361 .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:

Contributions from Single Source # 11

Single Source Entity's Name: New York Communities for Change

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

Address: 2-4 Nevins Street, 2nd Floor

City: Brooklyn

State: NY

ZIP code: 11217

Phone: 347-410-6919

Date Contribution Received: 1 / 30 / 2013 Amount of Contribution: \$ 1092 .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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 12

Single Source Entity's Name: Progressive America Fund - CWF

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

Address: 133 Broadway, Suite 332

City: New York State: NY ZIP code: 10010

Phone: 212-206-9168

Date Contribution Received:	5 / 2 / 2013	Amount of Contribution:	\$ 4425	.00
Date Contribution Received:	1 / 9 / 2013	Amount of Contribution:	\$ 11064	.00
Date Contribution Received:	3 / 1 / 2013	Amount of Contribution:	\$ 13393	.00
Date Contribution Received:	1 / 9 / 2013	Amount of Contribution:	\$ 5532	.00
Date Contribution Received:	3 / 1 / 2013	Amount of Contribution:	\$ 6988	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 13

Single Source Entity's Name: Proteus Action League

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

Address: 15 Research Drive, Suite B

City: Amherst State: MA ZIP code: 01002

Phone:

Date Contribution Received:	4 / 22 / 2013	Amount of Contribution:	\$ 320500	.00
Date Contribution Received:	4 / 5 / 2013	Amount of Contribution:	\$ 3494	.00
Date Contribution Received:	6 / 10 / 2013	Amount of Contribution:	\$ 310000	.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:

Contributions from Single Source # 14

Single Source Entity's Name: Retail Wholesale and Department Store Union

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

Address: 30 East 29th Street

City: New York State: NY ZIP code: 10016

Phone: 212-684-5300

Date Contribution Received:	1 / 3 / 2013	Amount of Contribution:	\$ 218	.00
Date Contribution Received:	1 / 3 / 2013	Amount of Contribution:	\$ 218	.00
Date Contribution Received:	1 / 3 / 2013	Amount of Contribution:	\$ 218	.00
Date Contribution Received:	1 / 3 / 2013	Amount of Contribution:	\$ 218	.00
Date Contribution Received:	1 / 16 / 2013	Amount of Contribution:	\$ 218	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #15

Single Source Entity's Name: See Forward Fund, Inc.

or
Single Source Person's Last Name:

First Name:

Address: 150 Main Street

State: MA

ZIP code: 01060

City: Northampton

Phone: 413-582-0082

Date Contribution Received:	6 / 18 / 2013	Amount of Contribution: \$ 1747	.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:

Contributions from Single Source # 16

Single Source Entity's Name: Local 32BJ SEIU

or
Single Source Person's Last Name:

First Name:

Address: 25 West 18th Street, 5th Floor

State: NY

ZIP code: 10011

City: New York

Phone: 212-388-3800

Date Contribution Received:	2 / 12 / 2013	Amount of Contribution: \$ 2912	.00
Date Contribution Received:	3 / 19 / 2013	Amount of Contribution: \$ 2912	.00
Date Contribution Received:	4 / 9 / 2013	Amount of Contribution: \$ 2912	.00
Date Contribution Received:	3 / 22 / 2013	Amount of Contribution: \$ 116	.00
Date Contribution Received:	/ /	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions:

Contributions from Single Source # 17

Single Source Entity's Name: The Advocacy Fund

or
Single Source Person's Last Name:

First Name:

Address: PO Box 29229

State: CA

ZIP code: 94129

City: San Francisco

Phone: 415-561-6373

Date Contribution Received:	1 / 23 / 2013	Amount of Contribution: \$ 8735	.00
Date Contribution Received:	2 / 19 / 2013	Amount of Contribution: \$ 11646	.00
Date Contribution Received:	5 / 29 / 2013	Amount of Contribution: \$ 2824	.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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source # 18

Single Source Entity's Name: Tides Foundation

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

Address: P.O. Box 29189

City: San Francisco State: CA ZIP code: 94129

Phone: 415-561-6400

Date Contribution Received: 2 / 19 / 2013 Amount of Contribution: \$ 1412 .00

Date Contribution Received: 5 / 29 / 2013 Amount of Contribution: \$ 11274 .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:

Contributions from Single Source # 19

Single Source Entity's Name: Local 25 General Political Account

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

Address: 901 K Street NW, Suite 200

City: Washington State: DC ZIP code: 20001

Phone:

Date Contribution Received: 3 / 25 / 2013 Amount of Contribution: \$ 2912 .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:

Contributions from Single Source # 20

Single Source Entity's Name: Friends of Democracy

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

Address: 1133 19th Street NW, 9th Floor

City: Washington State: DC ZIP code: 20036

Phone:

Date Contribution Received: 5 / 3 / Amount of Contribution: \$ 100000 .00

Date Contribution Received: 3 / 27 / Amount of Contribution: \$ 42000 .00

Date Contribution Received: 5 / 20 / Amount of Contribution: \$ 45000 .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:

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Unity Fund, Inc.

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

Address: 1140 Connecticut Avenue NW

City: Washington State: DC ZIP code: 20036

Phone:

Date Contribution Received:	1	/	10	/	2013	Amount of Contribution:	\$ 734	.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:

Contributions from Single Source # _____

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:

Contributions from Single Source # _____

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:

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 section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

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

Single Source #10

Related or Affiliated Entity or Person: Leadership Center for the Common Good

Entity's or Person's Full Name: Leadership Center for the Common Good Action Fund

Entity's or Person's Address: 11 Dupont Circle #240, Washington, DC 20036

Entity's or Person's Phone: 877-829-5500

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	4	/22	/2013	Amount of Contribution:	\$ 233	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

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
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

Single Source

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
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

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
Date Contribution Received:	/	/		Amount of Contribution:	\$	.00

VI Subjects lobbied:

Campaign Finance/Voter-Owned Elections

Continued on attached pages

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

State and Local Executive and Legislative Bodies

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:

A.4980-A

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: *Dan Cantor* DATE: 10/2/13

PRINT NAME: LAST Cantor FIRST Dan

TITLE: Executive Director

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.