

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: Amex Card

FOR OFFICE USE ONLY

RECEIVED FEB 07 2013

II Client Information

Name: Association of Towns of the State of New York

Permanent Business Address: 150 State Street

City: Albany State: NY ZIP code: 12207

Business Phone: 518-465-7933 Fax Number: 518-465-0724

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: State: ZIP code:
 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: 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): \$93046 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75: \$ 272 .00

B Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 20694 .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: \$32975 .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: New York Municipal Insurance Reciprocal

OR
Single Source Person's Last Name:

First Name:

Address: 12 Metro Park Road

City: Albany

State: NY

ZIP code: 12205

Phone: 518-437-1171

Date Contribution Received:	08 / 10 / 2012	Amount of Contribution:	\$ 16057	.00
Date Contribution Received:	10 / 05 / 2012	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

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

Contribution(s) Single Source #2

Single Source Entity's Name: New York State Municipal Workers' Compensation Alliance

OR
Single Source Person's Last Name:

First Name:

Address: New York State Municipal Workers' Compensation Alliance

City: Uniondale

State: NY

ZIP code: 11553

Phone: 516-750-9430

Date Contribution Received:	07 / 13 / 2012	Amount of Contribution:	\$ 10272	.00
Date Contribution Received:	07 / 26 / 2012	Amount of Contribution:	\$ 10703	.00
Date Contribution Received:	08 / 24 / 2012	Amount of Contribution:	\$ 10696	.00
Date Contribution Received:	09 / 14 / 2012	Amount of Contribution:	\$ 10708	.00
Date Contribution Received:	10 / 19 / 2012	Amount of Contribution:	\$ 10708	.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:

VI Subject is lobbied:

[Empty box for section VI]

Continued on attached pages

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

[Empty box for section VII]

Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or other description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

[Empty box for section VII]

Continued on attached pages

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

[Empty box for section VIII]

Continued on attached pages

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

[Empty box for section IX]

Continued on attached pages

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

[Empty box for section X]

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: *[Handwritten Signature]*

DATE: 2/6/2013

PRINT NAME: LAST Geist

FIRST GERRY

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.