

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 scribbles.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

ADDENDUM
REPORT #
CSR 0048757

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:

FOR OFFICE USE ONLY

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RECEIVED JAN 17 2013

II Client Information

Name: LAND TITLE ASSOCIATION (NYS) **CL 001299**
Permanent Business Address: 2 RECTOR STREET, SUITE 901
City: NEW YORK State: NY ZIP code: 10006
Business Phone: (212)964-3701 Fax Number: (212)964-7185
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: OSTROFF, HIFFA & ASSOCIATES Phone Number: (518)436-6202
Address: 12 SHERIDAN AVENUE
City: ALBANY State: NY ZIP code: 12207
Compensation for current period: \$28,750 .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): \$28,750 .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: \$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.

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: Chicago Title Insurance Co
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 711 THIRD AVE, suite 500
 City: NEW YORK State: NY ZIP code: 10017

Phone: _____

Date Contribution Received: <u>12/20/2012</u>	Amount of Contribution: \$ <u>5,158.00</u>
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: Commonwealth Land Title Insurance Co.
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 140 E. 45th St.
 City: New York State: NY ZIP code: 10017

Phone: _____

Date Contribution Received: <u>12/20/2012</u>	Amount of Contribution: \$ <u>2,336.00</u>
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: *Chicago Title Insurance Co.*

Entity's or Person's Full Name:

Entity's or Person's Address: *711 Third Ave suite 500 NY NY 10017*

Entity's or Person's Phone: *212-880-1200*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *12/20/12* Amount of Contribution: \$ *5,159* .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: *Commonwealth Land Title Insurance Co.*

Entity's or Person's Full Name:

Entity's or Person's Address: *140 EAST 45th ST NY NY 10017*

Entity's or Person's Phone: *212-986-3049*

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: *12/20/12* Amount of Contribution: \$ *2,337* .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 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: ROBERT TREUBER - MSLTA Phone Number: 212-564-3701
 Address: 2 RECTOR ST
 City: NY NY 10006 State: ZIP code:
 Compensation for current period: \$ 2,500.00

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

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

IV Other Expenses (Current Semi-Annual Period Only)

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		
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		

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: FIDELITY NATIONAL TITLE INSURANCE CO
or
Single Source Person's Last Name: _____ First Name: _____
Address: 485 LEXINGTON AVE
City: NY State: NY ZIP code: 10017
Phone: 212-481-5858
Date Contribution Received: 12/20/12 Amount of Contribution: \$ 5,212 .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: SECURIM TITLE GUARANTEE CORP. OF BALTIMORE
or
Single Source Person's Last Name: _____ First Name: _____
Address: One Barker Ave
City: White Plains State: NY ZIP code: 10601
Phone: 914-346-8933
Date Contribution Received: 12/27/12 Amount of Contribution: \$ 1,268 .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: WESTCOA TITLE INSURANCE CO
or
Single Source Person's Last Name: _____ First Name: _____
Address: 777 WESTCHESTER AVE SUITE 100
City: WHITE PLAINS State: NY ZIP code: 10604
Phone: 914-428-1100
Date Contribution Received: 12/27/12 Amount of Contribution: \$ 1,392 .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(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 # 6

Related or Affiliated Entity or Person: NATIONAL INVESTORS TITLE INSURANCE CO.

Entity's or Person's Full Name:

Entity's or Person's Address: 23 Whitefields Blvd NORWALK OH 44857

Entity's or Person's Phone: 419-663-2137

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	<u>12 / 27 / 12</u>	Amount of Contribution: \$	<u>960</u>	.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:

INSURANCE ISSUES

Continued on attached pages

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

ADMINISTRATIVE, EXECUTIVE AND LEGISLATIVE BRANCHES OF GOVERNMENT

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:

A626 A629 A667 A2015 A2016 A2560 A4168 A4707 A6348
 S697 S1095 S2668 S2976 S3565 S3569 S3571 S4585
 A6870 S2373 A7358 S5203 18NYCRR 360-7.11
 A7264 S5636 A7850 S5489 S6917 A9990 A8361 S4920

Continued on attached pages

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

N/A

Continued on attached pages

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

N/A

Continued on attached pages

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

N/A

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: *Robert Treuber* DATE: *1-15-2013*

PRINT NAME: LAST *TREUBER* FIRST *ROBERT*

TITLE: *EXEC. 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.