

# 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 a amendment   
Report Period:  January/June  July/December  
Type of Lobbying:  Nonprocurement  Procurement  Both  
Client Filing Fee Check Number:

FOR OFFICE USE ONLY

Cym  
I Nonproc.  
Amendment  
RECEIVED MAR 25 2013  
Amended to include  
S of F info.

## II Client Information

Name: TRIAL LAWYERS ASSOCIATION (NYS)  
Permanent Business Address: 132 NASSAU STREET  
City: New York State: NY ZIP code: 10038  
Business Phone: 212-349-5890 Fax Number: 212-608-2310  
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.

<b>A</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Phone Number:
	Address: City: State: ZIP code:
	Compensation for current period: \$ .00
<b>B</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Phone Number:
	Address: City: State: ZIP code:
	Compensation for current period: \$ .00
<b>C</b>	Type of Lobbyist: <input type="radio"/> Retained <input type="radio"/> Employed <input type="radio"/> Designated
	Level of Gov't: <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both
	Name: Phone Number:
	Address: City: State: ZIP code:
	Compensation for current period: \$ .00

of 9 Compensation for current period: \$ .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

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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** *See Section V(C) Attached*

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

**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:**



































**VI** Subjects lobbied:

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

Continued on attached pages

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:

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

Continued on attached pages

Continued on attached pages

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

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

Continued on attached pages

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: *[Signature]* DATE: *3/22/13*  
 PRINT NAME LAST: *BEZZAROV* FIRST: *Yury*  
 TITLE: *Chief Financial Officer*  
 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.