

# 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:

FOR OFFICE USE ONLY

*Cjm* ENT'D AUG 08 2013  
 131779  
 RECEIVED JUL 11 2013

II: (F) 347-342-3965  
 CR# 2108 50-

**II Client Information**

Name: ADVANTAGE MANAGEMENT

Permanent Business Address: 167 DEAN STREET

City: BROOKLYN State: NY ZIP code: 11217

Business Phone: 347-581-9169 Fax Number:

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: MERCURY PUBLIC AFFAIRS, LLC Phone Number: 212-681-1380  
 Address: 250 GREENWICH STREET, 36TH FLOOR  
 City: NEW YORK State: NY ZIP code: 10007  
 Compensation for current period: \$ 15000 .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): \$15000 .00

**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: \_\_\_\_\_ 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. 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: *Phillip*  
 or  
 Single Source Person's Last Name: *Kaivonuk* First Name: \_\_\_\_\_

Address: *167 Dean Street*

City: *Brooklyn NY 11217* State: *NY* ZIP code: *11217*

Phone: *516-398-2896*

Date Contribution Received: / /	Amount of Contribution: \$	<i>15,000</i>	.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
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:

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:

**VI** Subjects lobbied:

OPENING AND ESTABLISHMENT OF A SUBSTANCE ABUSE CLINIC

Continued on attached pages

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

ROB KENT, CHIEF LEGAL COUNSEL, OASAS

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:

N/A

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:  DATE: 7/8/13

PRINT NAME: LAST KRIVORUK FIRST PHILLIP

TITLE: PRINCIPAL 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.
- 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.