

NY STATE CLIENT SEMI-ANNUAL REPORT

Reporting Information	
Year: 2013	
Fill in circle if amendment <input checked="" type="checkbox"/>	
Report Period: <input checked="" type="checkbox"/> January/June <input type="checkbox"/> July/December	
Type of Lobbying: <input checked="" type="checkbox"/> Nonprocurement <input type="checkbox"/> Procurement <input type="checkbox"/> Both	
Client Filing Fee Check Number: 1811	

FOR OFFICE USE ONLY
<i>Cjm</i> <i>Amendment</i>
<i>Amended to include SFF</i>
RECEIVED JUL 16 2013

Client Information		
Name: NYS Academy of Trial Lawyers		
Permanent Business Address: 39 North Pearl Street, 6th Floor		
City: Albany	State: NY	ZIP code: 12207
Business Phone: 518-364-4044	Fax Number: 518-514-1184	
Third Party Beneficiary (see instructions):		

Lobbyist(s) Information & Compensation (Current Period Only)		
A	Type of Lobbyist: <input checked="" type="checkbox"/> Retained <input type="checkbox"/> Employed <input type="checkbox"/> Designated	
	Level of Gov't: <input type="checkbox"/> State Lobbying <input type="checkbox"/> Local Lobbying <input type="checkbox"/> Both	
	Name: The Parkside Group LLC	Phone Number: 212-571-7717
	Address: 132 Nassau Street, Suite 400	
	City: New York	State: NY ZIP code: 10038
	Compensation for current period: \$45000 .00	
B	Type of Lobbyist: <input type="checkbox"/> Retained <input type="checkbox"/> Employed <input type="checkbox"/> Designated	
	Level of Gov't: <input type="checkbox"/> State Lobbying <input type="checkbox"/> Local Lobbying <input type="checkbox"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$.00	
C	Type of Lobbyist: <input type="checkbox"/> Retained <input type="checkbox"/> Employed <input type="checkbox"/> Designated	
	Level of Gov't: <input type="checkbox"/> State Lobbying <input type="checkbox"/> Local Lobbying <input type="checkbox"/> Both	
	Name:	Phone Number:
	Address:	
	City:	State: ZIP code:
	Compensation for current period: \$.00	
<input type="checkbox"/> Continued on attached pages		
D	TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets):	\$45000 .00

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

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		

Continued on attached pages

D Total expenses for current period: \$0 .00 (if applicable, include all expenses from attached pages in total)

Source of Funding Disclosure

Contribution(s) from Single Source #1

Single Source Entity's Name: Creative Capital, Inc.

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

Address: 1200 Tices Lane

City: East Brunswick State: NJ ZIP code: 08816

Phone: 732-249-8669

Date Contribution Received:	<u>3 / 26 / 13</u>	Amount of Contribution: \$	<u>112</u>	.00
Date Contribution Received:	<u>7 / 11 / 12</u>	Amount of Contribution: \$	<u>112</u>	.00
Date Contribution Received:	<u>8 / 8 / 12</u>	Amount of Contribution: \$	<u>112</u>	.00
Date Contribution Received:	<u>9 / 18 / 12</u>	Amount of Contribution: \$	<u>112</u>	.00
Date Contribution Received:	<u>10 / 16 / 12</u>	Amount of Contribution: \$	<u>112</u>	.00

Contribution(s) Single Source #2

Single Source Entity's Name: Emerald Associated Reporters Inc.

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

Address: 3375 Park Ave. #4006

City: Wantagh State: NY ZIP code: 11793

Phone: 516-783-4311

Date Contribution Received:	<u>7 / 1 / 12</u>	Amount of Contribution: \$	<u>168</u>	.00
Date Contribution Received:	<u>8 / 1 / 12</u>	Amount of Contribution: \$	<u>168</u>	.00
Date Contribution Received:	<u>9 / 2 / 12</u>	Amount of Contribution: \$	<u>168</u>	.00
Date Contribution Received:	<u>10 / 1 / 12</u>	Amount of Contribution: \$	<u>168</u>	.00
Date Contribution Received:	<u>11 / 1 / 12</u>	Amount of Contribution: \$	<u>168</u>	.00

Designated Addendum sheet for section V(A)

Source of Funding Disclosure

Contributions from Single Source #3

Single Source Entity's Name: Robson Forensic

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

Address: 100 East Hanover Avenue #305

City: Cedar Knolls State: NJ ZIP code: 07927

Phone: 973-683-0777

Date Contribution Received: 3 / 26 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 7 / 11 / 12 Amount of Contribution: \$ 112 .00

Date Contribution Received: 8 / 8 / 12 Amount of Contribution: \$ 112 .00

Date Contribution Received: 10 / 16 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 12 / 12 / 12 Amount of Contribution: \$ 224 .00

Contributions from Single Source # 4

Single Source Entity's Name: Key Bank National

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

Address: 66. South Pearl St.

City: Albany State: NY ZIP code: 12207

Phone: 518-257-8518

Date Contribution Received: 1 / 2 / 13 Amount of Contribution: \$ 1,345 .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

Contributions from Single Source # 5

Single Source Entity's Name: The Lien Resolution Group

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

Address: 250 West Nyack Road #240

City: West Nyack State: NY ZIP code: 10994

Phone: 845-638-1278

Date Contribution Received: 7 / 24 / 12 Amount of Contribution: \$ 561 .00

Date Contribution Received: 12 / 5 / 12 Amount of Contribution: \$ 561 .00

Date Contribution Received: 1 / 16 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 2 / 28 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 3 / 20 / 13 Amount of Contribution: \$ 112 .00

Designated Addendum sheet for section V(A)

Source of Funding Disclosure

Contributions from Single Source # 6

Single Source Entity's Name:

OR
Single Source Person's Last Name: Lahm

First Name: Robert

Address: 711 East Genesee Street

City: Syracuse

State: NY

ZIP code: 13210

Phone: 315-472-3434

Date Contribution Received: 9 / 18 / 12 Amount of Contribution: \$ 56 .00

Date Contribution Received: 5 / 15 / 13 Amount of Contribution: \$ 13 .00

Date Contribution Received: 7 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 8 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 9 / 2 / 12 Amount of Contribution: \$ 224 .00

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

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

Source of Funding Disclosure

Contributions from Single Source # 7

Related or Affiliated Entity or Person: Bottar Leone PLLC

Entity's or Person's Full Name:

Entity's or Person's Address: 120 Madison Ave, Tower II, #1600, Syracuse NY 13202

Entity's or Person's Phone: 315-422-3466

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 10 / 10 / 12 Amount of Contribution: \$ 269 .00

Date Contribution Received: 10 / 10 / 12 Amount of Contribution: \$ 34 .00

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Anthony S. Bottar

Entity's or Person's Address: 120 Madison Ave, Tower II, #1600, Syracuse NY 13202

Entity's or Person's Phone: 315-422-3466

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7 / 11 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 8 / 29 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 9 / 13 / 12 Amount of Contribution: \$ 224 .00

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Contributions from Single Source # 8

Related or Affiliated Entity or Person: Duffy & Duffy

Entity's or Person's Full Name:

Entity's or Person's Address: 1370 RXR Plaza, West 13th fl, Uniondale NY 11556

Entity's or Person's Phone: 516-394-4200

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 6 / 12 / 13 Amount of Contribution: \$ 431 .00

Date Contribution Received: 6 / 12 / 13 Amount of Contribution: \$ 34 .00

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

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Jim Duffy

Entity's or Person's Address: 1370 RXR Plaza, West 13th fl, Uniondale, NY 11556

Entity's or Person's Phone: 516-394-4200

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 8 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 9 / 2 / 12 Amount of Contribution: \$ 224 .00

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons:

Designated Addendum sheet for section V(B)

Source of Funding Disclosure

Single Source # 9

Related or Affiliated Entity or Person: Powers & Santola, LLP

Entity's or Person's Full Name:

Entity's or Person's Address: 39 North Pearl St. 6th fl. Albany, NY 12207

Entity's or Person's Phone: 518-465-5995

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 5 / 23 / 13 Amount of Contribution: \$ 269 .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: John Powers

Entity's or Person's Address: 39 North Pearl St. 6th floor, Albany, NY 12207

Entity's or Person's Phone: 518-465-5995

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received: 7 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 8 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 9 / 2 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 10 / 1 / 12 Amount of Contribution: \$ 224 .00

Single Source # 10

Related or Affiliated Entity or Person: Schwartzapfel Lawyers

Entity's or Person's Full Name:

Entity's or Person's Address: 300 Jericho Quadrangle, #180, Jericho NY 11753

Entity's or Person's Phone: 516-342-2200

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 9 / 18 / 12 Amount of Contribution: \$ 283 .00

Date Contribution Received: 9 / 18 / 12 Amount of Contribution: \$ 34 .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: Steven J. Schwartzapfel

Entity's or Person's Address: 300 Jericho Quadrangle, #180, Jericho NY 11753

Entity's or Person's Phone: 516-342-2200

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 7 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 8 / 1 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 9 / 2 / 12 Amount of Contribution: \$ 224 .00

Date Contribution Received: 10 / 1 / 12 Amount of Contribution: \$ 224 .00

Designated Addendum sheet for section V(B)

Source of Funding Disclosure

Single Source # 11

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Paul K. Isaac

Entity's or Person's Address: 3686 Seneca Street, West Seneca NY 14224

Entity's or Person's Phone: 716-712-0127

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 5 / 23 / 13 Amount of Contribution: \$ 56 .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: Paramount Settlement Planning, LLC

Entity's or Person's Full Name:

Entity's or Person's Address: 3686 Seneca Street, West Seneca NY 14224

Entity's or Person's Phone: 716-712-0127

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 11 / 28 / 12 Amount of Contribution: \$ 561 .00

Date Contribution Received: 3 / 26 / 13 Amount of Contribution: \$ 168 .00

Date Contribution Received: 6 / 12 / 13 Amount of Contribution: \$ 168 .00

Date Contribution Received: 7 / 24 / 12 Amount of Contribution: \$ 336 .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

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

Designated Addendum sheet for section V(C)

Source of Funding Disclosure

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source # 1

Single Source (or Related or Affiliated) Entity's Name: Creative Capital Inc.

or
Single Source (or Related or Affiliated) Person's Last Name: _____ First Name: _____

Address: 1200 Tices Lane

City: East Brunswick State: NJ ZIP code: 08816

Phone: 732-249-8669

Date Contribution Received: 12 / 12 / 12 Amount of Contribution: \$ 112 .00

Date Contribution Received: 12 / 17 / 12 Amount of Contribution: \$ 112 .00

Date Contribution Received: 1 / 11 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 2 / 13 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 4 / 24 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 5 / 15 / 13 Amount of Contribution: \$ 112 .00

Date Contribution Received: 6 / 12 / 13 Amount of Contribution: \$ 112 .00

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

Designated Addendum sheet for sections IV, V, VI, VII, VIII, IX and X.

*** Itemized Expenses**

Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:
Name of Individual:	Amt Attributable to Individual: \$.00
Title of Individual:	Employer of Individual:

Subjects lobbied:

Person, State Agency, Municipality or Legislative Body lobbied:
 Senator O'Brien, Senator Nozzolio, AM Mosley, AM McDonald, Senator Maziarz, Senator Martins, AM Magnarelli, AM Lifton, AM Lavine, Senator LaValle, AM Lanza, Senator Klein

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

Title and Identifying Numbers of procurement contracts/documents lobbied:

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

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

Subjects lobbied:
Medical Malpractice

Continued on attached pages

Person, State Agency, Municipality or Legislative Body lobbied:
AM Stirpe, AM Sweeney, AM Thiele Jr., AM Titone, Senator Tkaczyk, Senator Valesky, AM Weinstein, AM Weisenberg, Senator Zeldin, Senator Squadron, AM Steck, AM Simotas, AM Skartados, AM Solages, AM Ryan, Senator Savino, AM Schimel, AM Roberts, AM Rozic, AM Russell, Senator Ranzenhofer, Senator Robach, AM Quart, AM Ramos, Senator Perkins, AM People-Stokes, AM O'Donell

Continued on attached pages

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

Title and Identifying Numbers of procurement contracts/documents lobbied:
N/A

Continued on attached pages

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

Continued on attached pages

Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:
N/A

Continued on attached pages

Declaration

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: 7/15/2013
PRINT NAME: LAST Stern	FIRST Michelle
TITLE: Executive Director	
Mark One: <input checked="" type="radio"/> Chief Administrative Officer <input type="radio"/> Designee(Attach Letter)	

The following MUST be attached to this report at the time of submission:

- You must attach a [redacted] 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.