

NY STATE CLIENT SEMI-ANNUAL REPORT

Print Form

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 **REPORT OF CONTRIBUTIONS ONLY**
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
cjn RECEIVED IIII 15 2013
Amendment
HAND DELIVERED
Amended for Sof F

II Client Information

Name: New York State Dental Association
Permanent Business Address: 20 Corporate Woods Boulevard, # 602
City: Albany State: New York ZIP code: 12211
Business Phone: 518-465-0044 Fax Number: 518-465-3219
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: 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: 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): \$.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: \$.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: Second District Dental Society
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 111 Fort Greene Place
 City: Brooklyn State: New York ZIP code: 11217
 Phone: 718-522-3939

Date Contribution Received:	6 / 18 / 13	Amount of Contribution:	\$ 30,000	.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: Seventh District Dental Society
 or
 Single Source Person's Last Name: _____ First Name: _____

Address: 255 Woodcliff Drive
 City: Fairport State: New York ZIP code: 14450
 Phone: 585-385-9550

Date Contribution Received:	6 / 18 / 13	Amount of Contribution:	\$ 7,500	.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:

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: Medical Liability Mutual Insurance Company

or
Single Source Person's Last Name:

First Name:

Address: Two Park Avenue

City: New York

State: New York

ZIP code: 10016

Phone: 212-576-9800

Date Contribution Received:	5	/2	/13	Amount of Contribution:	\$5,000	.00
Date Contribution Received:	6	/30	/13	Amount of Contribution:	\$290,000	.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: Bank of America

or
Single Source Person's Last Name:

First Name:

Address: 1100 North King Street

City: Wilmington

State: Delaware

ZIP code: 19884

Phone: 410-398-3131

Date Contribution Received:	6	/30	/13	Amount of Contribution:	\$89,863	.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: RJ Card Processing, Inc. d/b/a Best Card

or
Single Source Person's Last Name:

First Name:

Address: 7108 South Alton Way, #G-101B

City: Centennial

State: Colorado

ZIP code: 80112

Phone: 877-739-3952

Date Contribution Received:	6	/30	/13	Amount of Contribution:	\$24,000	.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:

VI Subjects lobbied:

Continued on attached pages

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

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:

Continued on attached pages

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

Continued on attached pages

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

Continued on attached pages

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

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: *Lance R. Plunkett*

DATE: *7/15/13*

PRINT NAME: LAST *PLUNKETT*

FIRST *LANCE*

TITLE: *GENERAL COUNSEL*

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.