

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

Amendment

Amended to include Sof F

RECEIVED JUL 16 2013

II Client Information

Name: NEW YORK THOROUGHBRED HORSEMEN'S ASSOCIATION, INC.

Permanent Business Address: P. O. BOX 170070

City: JAMAICA

State: NY

ZIP code: 11417

Business Phone: 516-488-2337

Fax Number: 516-488-1698

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: \$ (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: NEW YORK RACING ASSOCIATION, INC.
 or
 Single Source Person's Last Name: First Name:
 Address: P. O. BOX 90
 City: JAMAICA State: NY ZIP code: 11417
 Phone: 718-641-4700

| | | | | |
|-----------------------------|----------------|-------------------------|---------|-----|
| Date Contribution Received: | 02 / 13 / 2013 | Amount of Contribution: | \$ 5669 | .00 |
| Date Contribution Received: | 03 / 12 / 2013 | Amount of Contribution: | \$ 4462 | .00 |
| Date Contribution Received: | 04 / 21 / 2013 | Amount of Contribution: | \$ 6019 | .00 |
| Date Contribution Received: | 04 / 21 / 2013 | Amount of Contribution: | \$ 6103 | .00 |
| Date Contribution Received: | 05 / 16 / 2013 | Amount of Contribution: | \$ 1201 | .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:

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: 

DATE: JULY 15, 2013

PRINT NAME: LAST VIOLETTE JR.

FIRST RICHARD

TITLE: PRESIDENT

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.