

# NY STATE CLIENT SEMI-ANNUAL REPORT

# CSR 49346

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

FOR OFFICE USE ONLY  
CV# 1009 \$50 -  
Cjn IIIA: BOTH IV D: 9  
RECEIVED JAN 9 2013  
130377 ENT'D JAN 25 2013

## II Client Information

Name: Professionals In Taxation For Fair Assessments  
Permanent Business Address: 155 First Street  
City: Mineola State: NY ZIP code: 11501  
Business Phone: (516) 747-6300 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: Mark L. Lieberman Phone Number: (516) 426-9500  
Address: 900 Merchants Concourse, Suite 314  
City: Westbury State: NY ZIP code: 11570  
Compensation for current period: \$36,000 .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): \$36,000 .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: Koeppl Martone & Leistman, LLP  
 or  
 Single Source Person's Last Name: First Name:

Address: 155 First Street  
 City: Mineola State: NY ZIP code: 11501

Phone: (516) 747-6300

Date Contribution Received: / /	Amount of Contribution: \$ 6,353	.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: Certilman Balin Adler & Hyman, LLP  
 or  
 Single Source Person's Last Name: First Name:

Address: 90 Merrick Avenue  
 City: East Meadow State: NY ZIP code: 11554

Phone: (516) 296-7000

Date Contribution Received: / /	Amount of Contribution: \$ 6,353	.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:

**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: Cronin, Cronin & Harris, PC

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

Address: 200 Old Country Road, Suite 570

City: Mineola State: NY ZIP code: 11501

Phone: (516) 741-8144

Date Contribution Received:	/	/	Amount of Contribution:	\$6,353	.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 # 4**

Single Source Entity's Name: Herman Katz Cangemi & Clyne, LLP

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

Address: 538 Broadhollow Road, Suite 307

City: Melville State: NY ZIP code: 11747

Phone: (631) 501-5011

Date Contribution Received:	/	/	Amount of Contribution:	\$ 6,353	.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: Forchelli, Curto, Deegan, Schwartz, Mineo & Terrana, LLP

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

Address: 333 Earle Overton Blvd, Suite 1010

City: Uniondale State: NY ZIP code: 11553

Phone: (516) 248-1700

Date Contribution Received:	/	/	Amount of Contribution:	\$6,353	.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:

**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 # 36**

Single Source Entity's Name: Meyer, Suozzi, English & Klein, PC

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

Address: 990 Stewart Avenue, Suite 300

City: Garden City State: NY ZIP code: 11530

Phone: (516) 741-6565

Date Contribution Received: / / Amount of Contribution: \$6,353 .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 # 7**

Single Source Entity's Name: Farrell Fritz, PC

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

Address: 1320 RXR Plaza

City: Uniondale State: NY ZIP code: 11556

Phone: (516) 227-0777

Date Contribution Received: / / Amount of Contribution: \$ 6,353 .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 # 8**

Single Source Entity's Name: Schroder & Strom, LLP

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

Address: 114 Old Country Road

City: Mineola State: NY ZIP code: 11501

Phone: (516) 742-7430

Date Contribution Received: / / Amount of Contribution: \$6,353 .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:

**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 # 9**

Single Source Entity's Name: Jaspan Schlesinger, LLP

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

Address: 300 Garden City Plaza, 5th Floor

City: Garden City State: NY ZIP code: 11530

Phone: (516) 746-8000

Date Contribution Received:	/	/	Amount of Contribution: \$3176	.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 # \_\_\_\_\_**

Single Source Entity's Name:

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

Address:

City: State: NY ZIP code: 1

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:

**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
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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:

Real Estate Assessment Issues

Continued on attached pages

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

NYS Assembly, NYS Governor's Office, NYS Senate, NYS Office Of Court Administration, Nassau County Executive Office, Nassau County Legislature, Nassau County Department Of Assessment

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:

a1272,s950,a2101,a3392,s5832,a4981,s546,a4982,s7213,a5339,s133,a7369,s3350,a8139,a8140,a8142,a8143,a9012,s6222,a9038,a9413,a9466,s6572,a9483,s6573,a9688,s7097,a9733,s6832,a9773,s6867,s1905,s4386,s6572,s6573,s6748,s6749,s3891,a10690,s7713,a10691,s7714,s7604,s7774

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

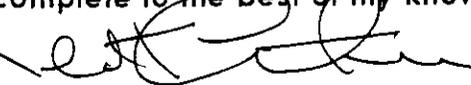
**X** Subject Matter of and Tribes involved in tribal state compacts, etc lobbied:

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: Jan. 10, 2013

PRINT NAME: LAST Leistman FIRST Donald

TITLE: Chief Administrative 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.