

NY STATE LOBBYIST BUSINESS RELATIONSHIP 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.

I Reporting Information

Biennial Period:

Fill in circle if amendment

FOR OFFICE USE ONLY

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:
or

Last Name:

First Name:

Permanent Business Address:

City:

State:

ZIP code:

Business Phone:

Fax Number:

III Business Relationship with an Entity

Instructions: Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using section III(b) of the addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship:

Compensation (Actual or Anticipated): \$.00

Reimbursable Expenses (Actual or Anticipated): \$.00

Total Compensation and Reimbursable Expenses (Actual or Anticipated): **\$.00**

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated): Month: Year:

Check here if using section III(a) of the addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

IV Business Relationship with a State Person

Instructions: Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:		State Person First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:		State:	ZIP code:
Phone:			
Description of Business Relationship:			
Compensation (Actual or Anticipated):		\$.00
Reimbursable Expenses (Actual or Anticipated):		\$.00
Total Compensation and Reimbursable Expenses (Actual or Anticipated):		\$.00
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:
End date of Business Relationship (Actual or Anticipated):		Month:	Year:
Check here if using section IV of the addendum sheet for additional State Person(s): <input type="radio"/>			

V Declaration

This Declaration must be signed by the principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (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:
PRINT NAME: LAST	FIRST
Mark One: <input type="radio"/> Principal Lobbyist <input type="radio"/> Chief Administrative Officer <input type="radio"/> Designee (Attach Letter)	

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: Fill out this section **only** if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

III(a) Fill out this section **ONLY** for additional Relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

Description of Business Relationship:

Compensation (Actual or Anticipated): \$.00

Reimbursable Expenses (Actual or Anticipated): \$.00

Total Compensation and Reimbursable Expenses (Actual or Anticipated): \$.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

End date of Business Relationship (Actual or Anticipated): Month: Year:

III(b) Fill out this section **ONLY** for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a State Person

Instructions: Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.

State Person Last Name:		State Person First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:		State:	ZIP code:
Phone:			
Description of Business Relationship:			
Compensation (Actual or Anticipated):		\$.00
Reimbursable Expenses (Actual or Anticipated):		\$.00
Total Compensation and Reimbursable Expenses (Actual or Anticipated):		\$.00
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:
End date of Business Relationship (Actual or Anticipated):		Month:	Year: