

NY STATE CLIENT 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

Year: 2013
Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED MAY 28 2014
CL# 14614 650

II Client Information

Name: DB Grant Associates, Inc
Permanent Business Address: 60 Madison Avenue
City: New York State: NY ZIP code: 10010
Phone: 212-684-2700

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: The Parkside Group
Entity Address: 132 Nassau Street ; Suite 400
City: New York State: NY ZIP code: 10038
Phone: 212-571-7717

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(s): local law lobbying activities with the New York City Mayor's Office and New York City Office of the Comptroller.

Compensation (Actual or Anticipated): \$ 20,000 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 20,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: NOV Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: July Year: 2014

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

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(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

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

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

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

Check here if using addendum sheet for additional State Person(s):

V 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: *Mary Guernier*

DATE: 5/27/14

PRINT NAME: LAST *Guernier*

FIRST *Mary*

Mark One:

Chief Administrative Officer

Designee(Attach Letter)

