

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 black letters, no script.

I Reporting Information

Biennial Period: 1/1/11 to 12/31/12
Fill in circle if amendment

FOR OFFICE USE ONLY

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II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:
or
Last Name: BROWN First Name: Arthur
Permanent Business Address: 16 Kensington Court Suite 3
City: Delmar State: NY ZIP code: 12054
Business Phone: 518 685 0556 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: Finlayson State Person First Name: DAVID
Agency or Legislative Body of Employment: NYS DEPT OF ENVIRONMENTAL CONSERVATION
Public Office Address: 625 Broadway State: NY ZIP code: 12207
City: ALBANY
Phone: 518 402 8545
Description of Business Relationship:

Mr Finlayson and his wife are owners of the building where I rent an apartment. Rent is \$900 per month.

Compensation (Actual or Anticipated): \$ 10,800 .00
Reimbursable Expenses (Actual or Anticipated): \$ 0 .00
Total Compensation and Reimbursable Expenses (Actual or Anticipated): \$ 10,800 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2012
End date of Business Relationship (Actual or Anticipated): Month: June Year: 2013

Check here if using section IV of the addendum sheet for additional State Person(s):

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: [Signature]

DATE: 11/9/12

PRINT NAME: LAST BROWN

FIRST ARTHUR

Mark One: Principal Lobbyist Chief Administrative Officer Designee (Attach Letter)