

**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: 2011-2012

Fill in circle if amendment FOR OFFICE USE ONLY 

RECEIVED FEB 06 2013

**II Principal Lobbyist Information**PRINCIPAL LOBBYIST NAME: Organization: National Grid  
or

Last Name:

First Name:

Permanent Business Address: 111 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Business Phone: 518-417-3100

Fax Number: 518-465-8512

**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 addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:

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 Relationship(s) with different Entity/Entities:

## 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(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:

**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: Curry

State Person First Name: Joe

Agency or Legislative Body of Employment: New York State Dept. of Agriculture and Markets, Div. of New York State Fair

Public Office Address: 10B Airline Drive

City: Albany

State: NY

ZIP code: 12235

Phone: 800-554-4501

Description of Business Relationship(s): National Grid employs Mr. Curry, who served part-time on state payroll as a 2011 New York State Fair Grandstand Security Guard.

Compensation (Actual or Anticipated): \$ 2,403 .00

Expenses (Actual or Anticipated): \$ 0.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 2,403 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August 25 Year: 2011

End date of Business Relationship (Actual or Anticipated) if applicable: Month: September 3 Year: 2011

## 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: Curry

State Person First Name: Joe

Agency or Legislative Body of Employment: New York State Dept. of Agriculture and Markets, Div. of New York State Fair

Public Office Address: 10B Airline Drive

City: Albany

State: NY

ZIP code: 12235

Phone: 800-554-4501

Description of Business Relationship(s): National Grid employs Mr. Curry, who served part-time on state payroll as a 2012 New York State Fair Grandstand Security Guard.

Compensation (Actual or Anticipated): \$ 2,477 .00

Expenses (Actual or Anticipated): \$ 0.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 2,477 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August 23 Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable: Month: August 31 Year: 2012

#### 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: Gavilondo

State Person First Name: Carlos

Agency or Legislative Body of Employment: SUNY-ESF, SUNY College of Environmental Science and Forestry

Public Office Address: 1 Forestry Drive

City: Syracuse

State: NY

ZIP code: 13210

Phone: 315-470-6500

Description of Business Relationship(s): National Grid employs Mr. Gavilondo, who served part-time on state payroll as a SUNY-ESF Visiting Instructor.

Compensation (Actual or Anticipated): \$ 73,125 .00

Expenses (Actual or Anticipated): \$ 0.00

Total Compensation and Expenses (Actual or Anticipated): \$ 73,125 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January 1 Year: 2012

End date of Business Relationship (Actual or Anticipated) if applicable: Month: May 31 Year: 2012

Check here if using 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: *Echo Cartwright*

DATE: February 1, 2013

PRINT NAME: LAST Cartwright

FIRST Echo

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