

# 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: 2013-14

Fill in circle if amendment

FOR OFFICE USE ONLY

D

## II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: Hill, Gosdeck & McGraw, LLC  
or

Last Name:

First Name:

Permanent Business Address: 99 Washington Avenue

City: Albany

State: NY

ZIP code: 12210

Business Phone: 518-463-5449

Fax Number: 518-463-0947

## 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: Deadmans Productions

Entity Address: 10 Henkes Lane

City: Latham

State: NY

ZIP code: 12110

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: Ridley

First name: Michael

State Person's Agency or Legislative Body of Employment: Empire State Development

Public Office Address: 625 Broadway

City: Albany

State: NY

ZIP code: 12245

Phone: 518-292-5700

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

Description of Business Relationship(s): Supplies various IT Services including email, file storage and iphone services.

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 8500 .00

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

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December 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 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: January 25, 2013

PRINT NAME: LAST <sup>fill</sup>

FIRST Jeffrey

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