

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: 2013-2014

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JAN 14 2013
 HAND DELIVERED

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:
 or

Last Name: Russo

First Name: Michael

Permanent Business Address: 107 Hermes Road, Suite 200

City: Malta

State: NY

ZIP code: 12020

Business Phone: 518-305-9023

Fax Number: 518-305-9049

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: Hiscock & Barclay, LLP

Entity Address: 300 South State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: Will

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Building, Room 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

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

Description of Business Relationship(s): Legal Services

Compensation (Actual or Anticipated): \$ Unknown .00

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

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

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

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:

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:

Mike Russo

DATE:

1/11/13

PRINT NAME: LAST

FIRST

Mark One:

Principal Lobbyist

Chief Administrative Officer

Designee (Attach Letter)