Print Form

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: 2017-2018

Fill in circle if amendment ○

FOR OFFICE USE ONLY

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"JCOPE" Rec'd

JAN 30 2018

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: Canisius College
or

Last Name: First Name:

Permanent Business Address: 2001 Main Steet

City: Buffalo State: NY ZIP code: 14208

Business Phone: 716-888-2100 Fax Number: 716-888-3220

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: ○

Continued on next page

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: Blersch State Person First Name: Mark

Agency or Legislative Body of Employment: New York State Police

Public Office Address: 345 3rd Street 14303

City: Niagara Falls State: NY ZIP code: 14303

Phone: 716 2780360

Description of Business Relationship(s): Part-time athletics camp worker

Compensation (Actual or Anticipated):	$ 6,500	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):			$6,500 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** June **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** May **Year:** 2018

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:** John L Hurley **DATE:** January 12, 2018

PRINT NAME: LAST Hurley **FIRST** John

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

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: Bard | State Person First Name: Geraldine

Agency or Legislative Body of Employment: SUNY Buffalo State College

Public Office Address: 1300 Elmwood Ave

City: Buffalo | State: NY | ZIP code: 14222

Phone: 716-878-4000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,696	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 3,696	.00
Beginning date of Business Relationship (Actual or Anticipated):			**Month:** Aug	**Year:** 2017
End date of Business Relationship (Actual or Anticipated) *if applicable:*			**Month:** Aug	**Year:** 2018

Designated Addendum Sheet for Sections III and IV

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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: Bidell | State Person First Name: Heather

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 6,524	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 6,542	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

Designated Addendum Sheet for Sections III and IV

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State Person Last Name: Bonfiglio | State Person First Name: Robert

Agency or Legislative Body of Employment: SUNY Geneseo

Public Office Address: 1 College Circle

City: Geneseo | State: NY | ZIP code: 14454

Phone: 585-245-5000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,62	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):		$ 3,262	.00
Beginning date of Business Relationship (Actual or Anticipated):		**Month:** Aug	**Year:** 2017
End date of Business Relationship (Actual or Anticipated) *if applicable:*		**Month:** Aug	**Year:** 2018

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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: Cimato-Cirulli | State Person First Name: Maria

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 6,524	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 6,524	.00
Beginning date of Business Relationship (Actual or Anticipated):			**Month:** Aug	**Year:** 2017
End date of Business Relationship (Actual or Anticipated) *if applicable:*			**Month:** Aug	**Year:** 2018

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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: Covert | State Person First Name: Jessica

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):		$ 3,262	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Engle | State Person First Name: Lynn

Agency or Legislative Body of Employment: SUNY Buffalo State College

Public Office Address: 1300 Elmwood Ave

City: Buffalo | State: NY | ZIP code: 14222

Phone: 716-878-4000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 9,786	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 9,786	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Kurt | State Person First Name: James

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 6,524	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):		$ 6,524	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Maki | State Person First Name: Kristin

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 6,524	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):		$ 6,524	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Malone | State Person First Name: Zachary

Agency or Legislative Body of Employment: SUNY Buffalo State College

Public Office Address: 1300 Elmwood Ave

City: Buffalo | State: NY | ZIP code: 14222

Phone: 716-878-4000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 3,262	.00
Beginning date of Business Relationship (Actual or Anticipated):		**Month:** Aug	**Year:** 2017	
End date of Business Relationship (Actual or Anticipated) *if applicable:*		**Month:** Aug	**Year:** 2018	

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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: Masucci | State Person First Name: Justin

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 3,262	.00
Beginning date of Business Relationship (Actual or Anticipated):		**Month:** Aug	**Year:** 2017	
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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: Nicely | State Person First Name: Tiffany

Agency or Legislative Body of Employment: SUNY at Fredonia

Public Office Address: 280 Central Ave

City: Fredonia | State: NY | ZIP code: 14063

Phone: 716-667-3111

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 4,349	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 4,349	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Sharpe | State Person First Name: Randy

Agency or Legislative Body of Employment: New York State Thruway Authority

Public Office Address: 200 Southern Blvd., PO Box 189 (Administrative Office)

City: Albany | State: NY | ZIP code: 12201

Phone: (518) 436-2700

Description of Business Relationship(s): PT Dispatcher for Public Safety

Compensation (Actual or Anticipated):	$ 11,440	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):			$ 11,440 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** June **Year:** 2017

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

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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: Tinnesz | State Person First Name: Christine

Agency or Legislative Body of Employment: 1300 Elmwood Ave

Public Office Address: SUNY Buffalo State College

City: Buffalo | State: NY | ZIP code: 14222

Phone: 716-878-4000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 3,262	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018

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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: Wells | State Person First Name: William

Agency or Legislative Body of Employment: NYS Office of Mental Health

Public Office Address: Buffalo Psychiatric Center, 400 Forest Ave

City: Buffalo | State: NY | ZIP code: 14213

Phone: (716) 816-2001

Description of Business Relationship(s): PT Public Safety Officer

Compensation (Actual or Anticipated):	$ 14,040	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 14,040	.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Jane **Year:** 2017

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

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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: Williams | State Person First Name: Jayme

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00		
Expenses (Actual or Anticipated):	$	.00		
Total Compensation and Expenses (Actual or Anticipated):			$ 3,262	.00
Beginning date of Business Relationship (Actual or Anticipated):		**Month:** Aug	**Year:** 2017	
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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: Zhai | State Person First Name: Ling

Agency or Legislative Body of Employment: SUNY at Buffalo

Public Office Address: 12 Capen Hall

City: Buffalo | State: NY | ZIP code: 14260

Phone: 716-645-2000

Description of Business Relationship(s): Adjunct professor

Compensation (Actual or Anticipated):	$ 3,262	.00	
Expenses (Actual or Anticipated):	$	.00	
Total Compensation and Expenses (Actual or Anticipated):			$ 3,262 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Aug **Year:** 2017

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Aug **Year:** 2018