

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: 2012
Fill in circle if amendment

FOR OFFICE USE ONLY

rec'd 12/24/12

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: Greenberg Traurig, LLP
or

Last Name: _____ First Name: _____
Permanent Business Address: 54 State Street, 6th Floor
City: Albany State: NY ZIP code: 12207
Business Phone: 518-689-1400 Fax Number: 518-689-1400

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:

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: Boyle

State Person First Name: Philip M.

Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Bldg., Room 402

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-4611

Description of Business Relationship(s): Additional Lobbyist Lynelle Bosworth purchased house and furniture

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

Expenses (Actual or Anticipated): \$ 354,000 .00

Total Compensation and Expenses (Actual or Anticipated):

\$354,000	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: December Year: 2012

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

DATE: 12/21/12

PRINT NAME: LAST Glaser

FIRST Mark F.

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