

NY STATE CLIENT 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

Year: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

Rec'd July 15, 2014

II Client Information

Name: Greenberg Traurig, LLP

Permanent Business Address: 54 State Street, 6th Floor

City: Albany State: NY ZIP code: 12207

Phone: 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:

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: Clinton State Person First Name: John
Agency or Legislative Body of Employment: NYS Senate
Public Office Address: State Capitol, Room 420
City: Albany State: NY ZIP code: 12247
Phone: 518-455-2200
Description of Business Relationship(s): Additional lobbyist Jane Preston rents apartment from Mr. Clinton

Compensation (Actual or Anticipated): \$ 0 .00
Expenses (Actual or Anticipated): \$ 535 p. month .00
Total Compensation and Expenses (Actual or Anticipated): \$535 p. month .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 03 Year: 2009
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 Chief Administrative Officer. 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: 7/15/14

PRINT NAME: LAST Cernik FIRST Christopher

Mark One: Chief Administrative Officer Designee(Attach Letter)