

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.

COMPLETE ALL SECTIONS
before submitting or form will be returned.

I Reporting Information

Biennial Period: Jan. 1 - June 30, 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JUL 28 2014

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:

or Baruch College

Last Name:

First Name:

Permanent Business Address: 151 East 25th street

City: New York

State: NY

ZIP code: 10010

Business Phone: (646) 312-1000

Fax Number:

III Business Relationship

Last Name: Saxe

First Name: David

Public Office Address: NYS Supreme Court, Appellate Division, 27 Madison Avenue

City: New York

State: NY

ZIP code: 10010

Description: Adjunct Professor of Law

COMPENSATION: \$ 5,000.00

EXPENSES: \$.00

III Business Relationship

Last Name:

First Name:

Public Office Address:

City:

State:

ZIP code:

Description:

COMPENSATION: \$.00

EXPENSES: \$.00

Continued on attached pages

Continued on reverse page

III Business Relationship

Last Name: _____ First Name: _____
Public Office Address: _____
City: _____ State: _____ ZIP code: _____
Description: _____
COMPENSATION: \$.00 EXPENSES: \$.00

III Business Relationship

Last Name: _____ First Name: _____
Public Office Address: _____
City: _____ State: _____ ZIP code: _____
Description: _____
COMPENSATION: \$.00 EXPENSES: \$.00

III Business Relationship

Last Name: _____ First Name: _____
Public Office Address: _____
City: _____ State: _____ ZIP code: _____
Description: _____
COMPENSATION: \$.00 EXPENSES: \$.00

Continued on attached pages

III 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.

SIGNATURE: *David B. Saxe*

DATE: 7-12-10

PRINT NAME: LAST

Saxe

FIRST

David

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