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: 2011-2012

Fill in circle if amendment ⊗

FOR OFFICE USE ONLY

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: ○

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: 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 per month .00

Total Compensation and Expenses (Actual or Anticipated): $ 535 per 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:**

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

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: *Mark F. Glaser* (signature)   **DATE:** 3/27/13

PRINT NAME: LAST Glaser   **FIRST** Mark F.

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