

# 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: 2013-2014

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: 518-689-1499

## 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: 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 an 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: March 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 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

DATE: 3/27/13

PRINT NAME: LAST Glaser

FIRST Mark F.

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