

# 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: Syracuse University (f/k/a Eric Persons)  
 or

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Business Address: 900 South Crouse Ave.

City: Syracuse

State: New York

ZIP code: 13244

Business Phone: (315) 443-1870

Fax Number: \_\_\_\_\_

## 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: Barclay Damon LLP

Entity Address: Barclay Damon Tower, 125 East Jefferson Street

City: Syracuse

State: New York

ZIP code: 13202

Phone: (315) 425-2700

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William

State Person's Agency or Legislative Body of Employment: New York State Assembly

Public Office Address: LOB 521

City: Albany

State: New York

ZIP code: 12248

Phone: (518) 455-5841

**Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity:**

Description of Business Relationship(s): Syracuse University receives and pays for legal services from Barclay Damon LLP.

Compensation (Actual or Anticipated): \$1,194,316 .00

Expenses (Actual or Anticipated): \$n/a .00

Total Compensation and Expenses (Actual or Anticipated): \$1,194,316 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December Year: 2014

**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:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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 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: July 29, 2019

PRINT NAME: LAST

Perer

FIRST

Abby

Mark One:

Principal Lobbyist

Chief Administrative Officer

Designee (Attach Letter)

**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.

**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.

**III(a)** Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

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:

**III(b)** Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

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:

# 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:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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: