NY STATE LOBBYIST BUSINESS RELATIONSHIP FORM

Reporting Information

Biennial Period: 2015-2016
Fill in circle if amendment: 〇

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"COPE" Reg'd
AUG 02 2019

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: Syracuse University (f/k/a Eric Persons)
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: 〇

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

Compensation (Actual or Anticipated): $3,855,639
Expenses (Actual or Anticipated): $n/a
Total Compensation and Expenses (Actual or Anticipated): $3,855,639

Beginning date of Business Relationship (Actual or Anticipated):
Month: January Year: 2015
End date of Business Relationship (Actual or Anticipated) if applicable:
Month: December Year: 2016

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: 〇

Continued on next page
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)
### 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):** $0.00

**Expenses (Actual or Anticipated):** $0.00

**Total Compensation and Expenses (Actual or Anticipated):** $0.00

**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:**

**Continued on next page**
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.

<table>
<thead>
<tr>
<th>State Person Last Name:</th>
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</tr>
</thead>
<tbody>
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<td>Agency or Legislative Body of Employment:</td>
<td>State:</td>
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<tr>
<td>Public Office Address:</td>
<td>ZIP code:</td>
</tr>
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<td>City:</td>
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<td>Description of Business Relationship(s):</td>
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</tbody>
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Beginning date of Business Relationship (Actual or Anticipated): Month: Year:

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