

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: 2015-2016

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

HAND DELIVERED

"JCOPE" Rec'd

JAN 27 2017

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: The Trustees of Columbia University in the City of New York
or

Last Name:

First Name:

Permanent Business Address: 535 West 116th Street, Low Library, Room 308

City: New York

State: NY

ZIP code: 10027

Business Phone: 212-854-3738

Fax Number: 212-666-1952

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: Kass

State Person First Name: Lloyd

Agency or Legislative Body of Employment: New York Power Authority

Public Office Address: 123 Main Street

City: White Plains

State: NY

ZIP code: 10601

Phone: 914-681-6200

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 24,250 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated):

\$24,250 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 02

Year: 2013

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

Month: 11

Year: 2015

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: January 23, 2017

PRINT NAME: LAST Griffith

FIRST Maxine

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.

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: Kelly

State Person First Name: Kevin

Agency or Legislative Body of Employment: NYS Energy Research and Development Authority (NYSERDA)

Public Office Address: 1359 Broadway, 19th Floor

City: New York

State: NY

ZIP code: 10018

Phone: 212-971-5342

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 36,250 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 36,250 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 02 Year: 2014

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

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: Barbato

State Person First Name: Kristin

Agency or Legislative Body of Employment: New York Power Authority (NYPA)

Public Office Address: 123 Main Street

City: White Plains

State: NY

ZIP code: 10601

Phone: 914-681-6200

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 16,500 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 16,500 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 01 Year: 2015

End date of Business Relationship (Actual or Anticipated) if applicable: Month: 07 Year: 2016