

# 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.

**COMPLETE ALL SECTIONS**  
before submitting or form will be returned.

## I Reporting Information

Biennial Period:
Fill in circle if amendment <input type="radio"/>

FOR OFFICE USE ONLY

## II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: or		
Last Name:	First Name:	
Permanent Business Address:		
City:	State:	ZIP code:
Business Phone:	Fax Number:	

## III Business Relationship

Last Name:	First Name:	
Public Office Address:		
City:	State:	ZIP code:
Description:		
COMPENSATION:	\$ .00	EXPENSES: \$ .00

## III Business Relationship

Last Name:	First Name:	
Public Office Address:		
City:	State:	ZIP code:
Description:		
COMPENSATION:	\$ .00	EXPENSES: \$ .00

Continued on attached pages

Continued on reverse page

### III Business Relationship

Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION: \$ .00		EXPENSES: \$ .00	

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Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION: \$ .00		EXPENSES: \$ .00	

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Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION: \$ .00		EXPENSES: \$ .00	

Continued on attached pages

### III 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:**

**PRINT NAME: LAST**

**FIRST**

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

## Designated Addendum sheet for section III.

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

Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION:	\$	.00	EXPENSES: \$ .00

### III Business Relationship

Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION:	\$	.00	EXPENSES: \$ .00

### III Business Relationship

Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION:	\$	.00	EXPENSES: \$ .00

### III Business Relationship

Last Name:		First Name:	
Public Office Address:			
City:		State:	ZIP code:
Description:			
COMPENSATION:	\$	.00	EXPENSES: \$ .00