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NY STATE CLIENT 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.

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Year: 2012

Fill in circle if amendment

FOR OFFICE USE ONLY

Jan/June

RECEIVED FEB 0 6 2013

Il Client Information

Name: National Grid

Permanent Business Address: 111 Washington Avenue

City: Albany

State: NY

ZIP code: 12201

Phone: 518-417-3100

III Business Relation: Instructions: Fill out this sec and fill out Se	ction only if the Relation	ity nship is with an	Entity. If the Re	lationship is wil	h a State Person, skip this	section
Entity Name:						
Entity Address:						
City:		S	tate:		ZIP code:	
Phone:						
State Person with the Requ	uisite Involvement in	the Entity:				
Last name:		F	First name:			
State Person's Agency or I	Legislative Body of Er	mployment:				
Public Office Address:						
City:		2	State:		ZIP code:	
Phone:						
Check here if using adder	ndum sheet for addit	ional State Pe	rson(s) with t	ne Requisite Ir	nvolvement in the Entity	/: O
Description of Business Rel	ationship(s):					
Compensation (Actual or	Anticipated):	\$.00		
Expenses (Actual or Antici		\$.00		
Total Compensation and Expenses (Actual or Anticipated):		\$.00			
1010.0011100.00111111111111111111111111	1	# U.53				
Reginning date of Business	s Relationship (Actua	al or Anticipat	ed):	Month:	Year:	
Beginning date of Business Relationship (Actual or Anticipated): 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:

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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.

and fill out S	ection only if the Related	ntity ionship is with an Entity. It onal Relationship(s) with a		vith a State Person, skip this	sect
III(a) Fill out this so	schon UNL1 for addition	onal kelahonship(s) with t	amerem Limby/Emmes		
Entity Name:					
Entity Address:					
City:		State:		ZIP code:	
Phone:					
State Person with the Rec	quisite Involvement in	n the Entity:			
Last name:		First nan	ne:		
State Person's Agency or	Legislative Body of	Employment:			
Public Office Address:					
City:		State:		ZIP code:	
Phone:					
Check here if using adde	endum sheet for add	litional State Person(s)	with the Requisite I	nvolvement in the Entity:	: (
Description of Business Re	elationship(s):				
Compensation (Actual o Expenses (Actual or Antic		\$ \$.00		
Total Compensation and		r Anticipated):	\$.00	
oral componium and			income to	CHEMINA SHIRE MANAGEMENTS & ST.C OLUMBATION SHIPP SHIPPING ALL HOLLINGS.	
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:		
End date of Business Relationship (Actual or Anticipated) if applicable:		ble: Month:	Year:		
				nt in an Entity previously list	ted.
Entity Name:					
Entity Address:					
City:		State:		ZIP code:	
Phone:					
tate Person with the Rec	uuisite Involvement ir	n the Entity:			
ast name:	lawia ni ananani	First nan	ne:		
tate Person's Agency or	Leaislative Body of		*		
Public Office Address:	Logisian to body of	leredine			
City:		Ctata		ZIP code:	
		State:		ZII COGO.	

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 Stat	e Person	The state of the state of	le with an Entity civin this	section
Instructions: Fill out this section only if the Relatio and fill out Section III.	nship is with a state Person.	if the Relationship	o is with an Entity, skip inis	section
State Person Last Name:	State Perso	n 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): Beginning date of Business Relationship (Actual or Anticipated):		\$.00	
		Month:	Year:	
End date of Business Relationship (Actual or Anticipated) if applicable:		Month:	Year:	

Business Relationship with a State Person Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section Instructions: and fill out Section III. State Person First Name: Carlos State Person Last Name: Gavilondo Agency or Legislative Body of Employment: SUNY-ESF, SUNY College of Environmental Science and Forestry Public Office Address: 1 Forestry Drive ZIP code: 13210 State: NY City: Syracuse Phone: 315-470-6500 Description of Business Relationship(s): National Grid employs Mr. Gavilondo, who served part-time on state payroll as a SUNY-ESF Visiting Instructor. 73,125 .00 Compensation (Actual or Anticipated): \$ 0.00 Expenses (Actual or Anticipated): 73,125 .00 S Total Compensation and Expenses (Actual or Anticipated): Month: January 1 Year: 2012 Beginning date of Business Relationship (Actual or Anticipated):

Check here if using addendum sheet for additional State Person(s): igcirc

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

V Declaration

This Declaration must be signed by the Chief Administrative Officer. 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.

Y SIGNATURE:

DATE: January 31, 2013

Echo Carturiget
PRINT NAME: LAST Cartwright

FIRST Echo

Mark One:

O Designee(Attach Letter)

Month: May 31

Year: 2012