

NY STATE PUBLIC CORPORATION BI-MONTHLY REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year : _____

Fill in circle if amendment

Report Period: Jan/Feb March/April May/June
 July/August Sept/Oct Nov/Dec

Type of Lobbying: Nonprocurement Procurement Both

Level of Gov't : State Lobbying Local Lobbying Both

FOR OFFICE USE ONLY

II Public Corporation Information

Public Corporation Name: _____

Permanent Business Address: _____

City: _____ State: _____ ZIP code: _____

Business Phone: _____ Fax Number: _____

III In-House Lobbyist Information

Report the name of, and compensation paid or owed during this period to, EACH employed or designated lobbyist. If you list a name not shown in Section III of your Statement of Registration, or in an amendment, mark the "ADD" response beside the name.

| LAST NAME: | FIRST NAME: | ADD | COMPENSATION |
|------------|-------------|-----------------------|--------------|
| 1. | | <input type="radio"/> | \$.00 |
| 2. | | <input type="radio"/> | \$.00 |
| 3. | | <input type="radio"/> | \$.00 |
| 4. | | <input type="radio"/> | \$.00 |
| 5. | | <input type="radio"/> | \$.00 |
| 6. | | <input type="radio"/> | \$.00 |

Continued on attached pages

TOTAL IN-HOUSE LOBBYIST COMPENSATION FOR CURRENT PERIOD:..... \$.00

IV Retained Lobbyist Information

Report the name, address, phone number and compensation paid or owed this period to EACH retained lobbyist.

Name: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Compensation Amount: \$.00

Name: _____ Business Phone: _____

Business Address: _____

City: _____ State: _____ ZIP Code: _____

Compensation Amount: \$.00

Continued on attached pages

TOTAL RETAINED LOBBYIST COMPENSATION FOR CURRENT PERIOD:..... \$.00

V Other Lobbying Expenses (Current Period Only)

| | | | |
|---|--|--|--|
| A | Report in the aggregate all expenses less than or equal to \$75: | \$ | .00 |
| B | Report in the aggregate all expenses for salaries of non-lobbying employees: | \$ | .00 |
| C Itemize each expense exceeding \$75: | | | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$ | <input type="radio"/> *Addendum attached | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$ | <input type="radio"/> *Addendum attached | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$ | <input type="radio"/> *Addendum attached | |
| <input type="radio"/> Continued on attached pages | | | |
| * If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual. | | | |
| D | Total expenses for current period: | \$ | .00 (if applicable, include all expenses from attached pages in total) |

VI Subjects lobbied:

Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

Continued on attached pages

VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

Continued on attached pages

IX Title and Identifying Numbers of procurement contracts/documents lobbied:

Continued on attached pages

X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

Continued on attached pages

XI Subject Matter of and Tribes involved in tribal-state compacts, etc. lobbied:

Continued on attached pages

XII Declaration

This Declaration must be signed by the Chief Administrative Officer of the Public Corporation. (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 |
| TITLE: | |
| Mark One: <input type="radio"/> Chief Administrative Officer | <input type="radio"/> Designee(Attach Letter) |

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.

Designated Addendum sheet for sections III, IV, and V.

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 In-House Lobbyist Information

Report the name of, and compensation paid or owed during this period to, EACH employed or designated lobbyist. If you list a name not shown in section III of your Statement of Registration, or in an amendment, mark the "ADD" response beside the name.

| LAST NAME: | FIRST NAME: | ADD | COMPENSATION |
|------------|-------------|-----------------------|--------------|
| 1. | | <input type="radio"/> | \$.00 |
| 2. | | <input type="radio"/> | \$.00 |
| 3. | | <input type="radio"/> | \$.00 |

IV Retained Lobbyist Information

Report the name, address, phone number and compensation paid or owed this period to EACH retained lobbyist.

| | | | |
|-----------------------------|-----------------|-----------|--|
| Name: | Business Phone: | | |
| Business Address: | | | |
| City: | State: | ZIP Code: | |
| Compensation Amount: \$.00 | | | |
| | | | |
| Name: | Business Phone: | | |
| Business Address: | | | |
| City: | State: | ZIP Code: | |
| Compensation Amount: \$.00 | | | |
| | | | |
| Name: | Business Phone: | | |
| Business Address: | | | |
| City: | State: | ZIP Code: | |
| Compensation Amount: \$.00 | | | |

V Other Lobbying Expenses (Current Period Only)

| | | | |
|----------|----------------|--|------------------------------------|
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached | |
| PAID TO: | DATE: / / | <input type="radio"/> Ad | <input type="radio"/> Social Event |
| PURPOSE: | AMOUNT: \$.00 | <input type="radio"/> *Addendum attached | |

V * Itemized Expenses

| | |
|----------------------|--|
| Name of Individual: | Amt Attributable to Individual: \$.00 |
| Title of Individual: | Employer of Individual: |
| Name of Individual: | Amt Attributable to Individual: \$.00 |
| Title of Individual: | Employer of Individual: |
| Name of Individual: | Amt Attributable to Individual: \$.00 |
| Title of Individual: | Employer of Individual: |
| Name of Individual: | Amt Attributable to Individual: \$.00 |
| Title of Individual: | Employer of Individual: |
| Name of Individual: | Amt Attributable to Individual: \$.00 |
| Title of Individual: | Employer of Individual: |

Designated Addendum sheet for sections VI, VII, VIII, IX, X, and XI.

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

VI Subjects lobbied:

VII Person, State Agency, Municipality or Legislative Body lobbied:

VIII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

IX Title and Identifying Numbers of procurement contracts/documents lobbied:

X Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

XI Subject Matter of and Tribes involved in tribal-state compacts, etc. lobbied: