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LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐ 1. Effective Date of Registration 6/1/2004

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name PATRICIA LYNCH ASSOCIATES

Address 111 WASHINGTON AVENUE, SUITE 606

City ALBANY State NY Zip 12210

4. Principal place of business (if different from line 3)

City State/Zip (or Country)

5. Telephone number and contact name

(518) 432-9220 Contact PATRICIA LYNCH E-mail (optional)

6. General description of registrant's business or activities

LOBBYING

CLIENT

*A **Lobbying firm** is required to file a separate registration for each client. **Organizations employing in-house lobbyists** should chec*

labeled "Self" and proceed to line 10. ☐ *Self*

7. Client name MADISON SQUARE CORPORATION

Address TWO PENN PLAZA

City NEW YORK State NY Zip 10121

8. Principal place of business (if different from line 7)

City State/Zip (or Country)

9. General description of client's business or activities

COMMUNITY AFFAIRS; GOVERNMENT RELATIONS

LOBBYISTS

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any p in this section has served as a "covered executive branch official" or "covered legislative branch official" within two y acting as a lobbyist for the client, *state the executive and/or legislative position(s) in which the person served.*

Name		Covered Official Position (if applicable)
PATRICIA LYNCH	CHRISTOPHER GRIMALDI	
SAMIR NE JAME	CHRISTOPHER BOMBARDIER	
GERALD DE LUCA	GERALD JENNIGS	

ALLISON LEE

Form LD-1 (Rev. 04/03)

Registrant Name PATRICIA LYNCH ASSOCIATES Client Name MADISON SQUARE CORPORATIO

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, p

ECN GOV RES

12. Specific lobbying issues (current and anticipated)

ECONOMIC DEVELOPMENT; GOVERNMENT ISSUES; REAL ESTATE/LAND USE/CONSERVATION

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of the regi a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbying activiti

☑ No ⇨ Go to line 14. ☐ Yes ⇩ Complete the rest of this section for each entity matchi criteria above, then proceed to line 14.

Name	Address	Principal Place of Busi (city and state or count

FOREIGN ENTITIES

14. Is there any foreign entity that:

a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsi activities of the client or any organization identified on line 13; **or**
c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the ou of the lobbying activity?

☑ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for eac matching the criteria above, then sign a registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities

Signature  Date 06/01/2004

Printed Name and Title PATRICIA LYNCH/PRESIDENT

Form LD-1 (Rev. 04/03)