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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 6-6-0

2. House Identification Number _____ Senate Identification Number _____

REGISTRANT

3. Registrant name Patricia Lynch Associates

Address 111 Washington Avenue, Suite 401

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

618) 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 shoul

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

7. Client name Albany Port District Commission

Address 106 Smith Blvd.

City Albany State NY Zip 12202

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

City Albany State/Zip (or Country) NY 12203

9. General description of client's business or activities

Operation of Port of Albany

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 this section has served as a "covered executive branch official" or "covered legislative branch official" within t 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 appl
Patricia Lynch	Gerald J. Jennings	
Samir S. Nejame	Allison Lee	
Gerald R. DeLuca	Jean Miller	

Registrant Name Patricia Lynch C 00020231442 ıny Port District Commi

LOBBYING ISSUES

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LI

BUD MAR ECN

12. Specific lobbying issues (current and anticipated)

Obtaining appropriation for Port Commission for expansion of container port, security improvements and economic development.

AFFILIATED ORGANIZATIONS

13. Is there an entity other than the client that contributes more than $10,000 to the lobbying activities of t a semiannual period **and** in whole or in major part plans, supervises or controls the registrant's lobbyi

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

Name	Address	Principal Place of E (city and state or c

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
b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances 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 i of the lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇩ Complete the rest of this section for matching the criteria above, then si registration.

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

Signature _____ Date _____

Printed Name and Title Patricia Lynch, President

Form LD-1 (Rev. 06/98)