Clerk of the House of Representatives	Secretary of the Senate
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SECRETARY OF THE SENATE
06 FEB 22 AM 9:10

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration 02/01/20

2. House Identification Number 76616

Senate Identification Number 36112

REGISTRANT

3. Registrant name PATRICIA LYNCH ASSOCIATES

Address 111 WASHINGTON AVENUE SUITE 606

City ALBANY State NY Zip 12210 U

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

City State Zip

5. Telephone number and contact name

518/432-9220 Contact Ms. PATRICIA LYNCH E-mail PLRYAN@NYCAP.RR.COM

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 check the box labeled "Self" and proceed to line 10.* ☐ *Self*

7. Client name ADIRONDACK OPTICS

Address P.O. BOX 303, 1 LEGEND LANE

City KEESEVILLE State NY Zip 12944 U

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

City State Zip

9. General description of client's business or activities

MANUFACTURING

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 person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first 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	
SAMIR	NE JAME	
GERALD	JENNINGS	
ALLISON	LEE	
CHRISTOPHER	GRIMALDI	

3000060575

Registrant Name PATRICIA LYNCH ASSOCIATES Client Name ADIRONDACK OPTICS

LOBBYING ISSUES

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

BUD

12. Specific lobbying issues (current and anticipated)

BUDGET ISSUES/FUNDING

AFFILIATED ORGANIZATIONS

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

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

Name	Address	Principal place of Busin (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 subsidizes a 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 outcome lobbying activity?

☒ No ⇨ Sign and date the registration. ☐ Yes ⇨ Complete the rest of this section for each enti matching the criteria above, then sign and dat registration.

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

Edit Form > | File wit

Senate Password | File wit

Signature Patricia Lynch Digitally signed by Patricia Lynch DN: CN = Patricia Lynch, C = US, O = DST ACES Business Representative, OU = ACES TrustID Business Certificate Reason: I am approving this document Date: 2006.02.15 10:08:55 -05'00' Date 2/15/2006

Printed Name and Title PATRICIA LYNCH

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Registrant Name PATRICIA LYNCH ASSOCIATES Client Name ADIRONDACK OPTICS

ADDITIONAL LOBBYISTS

10 Supplemental. List any additional lobbyists for this client not listed on page 1, number 10.

Name	Covered Official Position (if applicable)
CHRISTOPHER BOMBARDIER	
PATRICK MC CARTHY	
MICHAEL SPANO	
CHRISTOPHER DEL GIUDICE	
MICHAEL WILTON	

ADDITIONAL LOBBYING ISSUES

11 Supplemental. General lobbying issue areas. Enter any additional codes for issues not listed on page 2, number 11.

AFFILIATED ORGANIZATIONS

13 Supplemental. List any other affiliated organization that meets the criteria specified and is not listed on page 2, num

Name	Address	Principal place of Busine (city and state or count

ADDITIONAL FOREIGN ENTITIES

14 Supplemental. List any other foreign entity that meets the criteria specified and is not listed on page 2, number 14.

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

Signature *Document digitally signed on Page 2.* Date 2/15/2006

Printed Name and Title PATRICIA LYNCH

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