

**Lobbyist Registration Form**

**Form Confirmation #: LR00044029**

**Year of Registration: 2017-2018**

**Principal Lobbyist Information**

(To make changes to any of the Lobbyist Information, go to "Manage Profile" in the Lobbyist menu).

**Principal Lobbyist Name:** RECLAIM NEW YORK INITIATIVE  
**Business Address 1:** 597 5TH AVENUE  
**Address 2:** 11TH FLOOR  
**City:** NEW YORK  
**State:** NY  
**Zip Code:** 10017  
**Business Phone:** 929-427-0760  
**Fax Number:**  
**Email Address:** BRANDON@RECLAIMNOWNOW.ORG  
**Type of Lobbying:** NonProcurement  
**Level of Government Lobbied:** Both  
**Type of Lobbyist:** Employed

**Additional Lobbyist Information**

Click "Remove" to delete any lobbyist(s) who will not be lobbying for this client for this registration period. To Add additional lobbyists, go to "Manage Profile" in the menu.

| First Name | Last Name |
|------------|-----------|
| MIKE       | ARMSTRONG |
| JOHN       | BYRNE     |
| DOMENICK   | COCCHIARA |
| BRANDON    | MUIR      |
| GEORGE     | PHILLIPS  |
| MICHAEL    | WATT      |



**Client Information**

**Client Business Name:** RECLAIM NEW YORK INITIATIVE  
**Business Address 1:** 597 5TH AVENUE  
**Address 2:** 7TH FLOOR  
**City:** NEW YORK  
**State:** NY  
**Zip Code:** 10017  
**Country:** US  
**Business Phone:** 929-427-0760  
**Fax Number:**  
**Chief Administrative Officer First Name:** BRANDON  
**Chief Administrative Officer Last Name:** MUIR  
**Chief Administrative Officer Title:** EXECUTIVE DIRECTOR

**Third party information**



**Name:**  
**Business Address 1:**  
**Address 2:**  
**City:**  
**State:**

Zip Code:  
Country:  
Business Phone:

**Client Business Nature**

Select the category that best describes the nature of the Client's business

- Banking & Financial Services
- Environment & Natural Resources
- Labor
- Marketing & Sales
- Racing & Wagering
- Trade Associations
- Communications
- Health & Mental Hygiene
- Law
- Public Utilities
- Real Estate & Construction
- Transportation
- Education
- Insurance
- Manufacturing
- Public, Community Interest
- State & Local Government
- Travel & Tourism

**Subject**

**Subjects on which you expect to lobby:**

GOVERNMENT REFORM AND ACCOUNTABILITY

**Person**

**Person, State Agency, Municipality, or Legislative Body you expect to lobby:**

ASSEMBLY, SENATE, EXECUTIVE CHAMBER, SUFFOLK COUNTY LEGISLATURE, SUFFOLK COUNTY EXECUTIVE, NASSAU COUNTY LEGISLATURE, NASSAU COUNTY EXECUTIVE

**Bill**

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

No details were entered.

**Title**

**Title and Identifying # of procurement contracts and documents on which you expect to lobby:**

No details were entered.

**Number or Subject Matter**

**Number or Subject Matter of Executive Order of Governor/Municipality on which you expect to lobby:**

No details were entered.

**Subject Matter**

**Subject Matter of and Tribes involved in tribal-state compacts, etc on which you expect to lobby:**

No details were entered.

**Contract/Authorizations**

You must either mail in a copy of your signed contract/authorization or upload and attach a scanned copy of the same. (?)

Contract / Authorization Start Date (MM/DD/YYYY) :

5/9/2017 (?)

Contract / Authorization End Date (MM/DD/YYYY) :

12/31/2017

Check here if mailing:

Or

Click here to upload signed contract/authorizations:

Or

Choose previous uploaded and unassigned contract/authorization(s) below:

**Original Contract**

| FileName   | Description                         | Date                 |
|--|-------------------------------------|----------------------|
| <a href="#">A137_reclaimnewyorkinitiative-same-44029.tif</a> | reclaimnewyorkinitiative-same-44029 | 6/22/2017 2:07:42 PM |

If an uploaded contract/authorization does not appear, click here to see updated list of choices:

**Declaration**

I declare under penalty of perjury that the information contained in this registration is true, correct and complete to the best of my knowledge and belief.

Date : 5/31/2017

First Name: BRANDON

Last Name: MUIR

Comments:

**Fees**

Please Check one of the following: 

Amount :200.00

**IMPORTANT : Please choose your payment carefully - Registration fees are non-refundable.**

**Payment Mode**

- Check/Cash

Check No : 1027

Check Status : ACC

**Prior to final submission please verify reporting year you have selected.**