



NEW YORK STATE  
COMMISSION ON ETHICS AND LOBBYING IN GOVERNMENT

540 Broadway, Albany NY 12207

[helpdesk@ethics.ny.gov](mailto:helpdesk@ethics.ny.gov)

LOBBYING AGREEMENT FORM RETAINED LOBBYISTS

SECTION I – CONTRACT INFORMATION

*In lieu of submitting a copy of a lobbying agreement or contract, a Lobbyist may submit the following Lobbying Agreement Form with a Statement of Registration or Registration Amendment.*

LOBBYIST AND CLIENT INFORMATION

Lobbyist Name COZEN O'CONNOR PUBLIC STRATEGIES, LLC

Contractual Client Name PUBLIC PARTNERSHIPS, LLC

Co-Lobbyist Name (If applicable) \_\_\_\_\_

AMENDMENT INFORMATION

Check if amendment to original agreement ☐

Indicate reason for amendment.

☐ Adding a Contract

☐ Compensation Change

☐ Other (Please specify) \_\_\_\_\_

☐ Check all that apply:

☐ Change in terms (start/end dates)

☐ Add/Remove Co-Lobbyist \_\_\_\_\_

CONTRACT DURATION\*

*Start Date is the first date the Lobbyist has agreed to or been authorized to lobby. The Termination Date is the last date the Lobbyist has agreed to or been authorized to lobby.*

Start Date 05/15/2024

Termination Date\* 12/31/2024

COMPENSATION INFORMATION\*\*

*See Section III Addendum on following page to enter additional compensation or date ranges.*

Pay Frequency (select one)

☐ Hourly

☐ Daily

☐ Weekly

☐ Bi-Weekly

☐ Annually

☒ Monthly

☐ Quarterly

☐ One Time

☐ Range \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Compensation Amount \$ 6500

Check if services are being provided Pro Bono ☐

SECTION II – OTHER SERVICES AND SIGNATURES

OTHER SERVICES

Will other services, in addition to lobbying, be provided by the individuals authorized to lobby?

☒ Yes ☐ No

SIGNATURES

LOBBYIST SIGNATURE X 

PRINT NAME ROSE CHRIST

DATE 05/15/24

CONTRACTUAL CLIENT SIGNATURE X 

PRINT NAME PATTY BYRNES

DATE 5/17/2024