

LOBBYING REGISTRATION

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐

1. Effective Date of Registration Aug 01, 2007

2. House Identification Number 36112

Senate Identification Number 76616-1004538

REGISTRANT

3. Registrant Name: LYNCH ASSOC, PATRICIA
Address: 677 BROADWAY SUITE 1105
City: ALBANY State: NY Zip: 12207

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

5. Telephone number and contact name:
5184329220 Contact: PATRICIA LYNCH
E-mail(optional): PRYAN@CHOICEONEMAIL.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: OLMSTED CENTER FOR THE VISUALLY IMPAIRED
Address: P.O. BOX 398; 1170 MAIN STREET
City: BUFFALO State: NY Zip: 14209-0398

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

9. General description of client's business or activities:
ASSOCIATION FOR VISUALLY IMPAIRED

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: BOMBARDIER, CHRISTOPHER
Covered Official Position (if applicable): N/A
Name: DEL GIUDICE, CHRISTOPHER
Covered Official Position (if applicable): N/A
Name: GRIMALDI, CHRISTOPHER
Covered Official Position (if applicable): N/A
Name: JEWETT, SHERMAN
Covered Official Position (if applicable): N/A
Name: KAPLAN, FREDY
Covered Official Position (if applicable): N/A
Name: LYNCH, PATRICIA
Covered Official Position (if applicable): N/A
Name: MCCARTHY, PATRICK
Covered Official Position (if applicable): N/A
Name: TOKASZ, PAUL
Covered Official Position (if applicable): N/A
Name: WILLIAMS, JACQUELYN
Covered Official Position (if applicable): N/A
Name: WILTON, MICHAEL
Covered Official Position (if applicable): N/A

Registrant Name: LYNCH ASSOC, PATRICIA Client Name: OLMSTED CENTER FOR THE VISUALLY IMPAIRED

Name: ZLOGAR, PATRICK
Covered Official Position (if applicable): N/A

LOBBYING ISSUES

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

BUD

12. Specific lobbying issues (current and anticipated):

BUDGET/APPROPRIATIONS

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

☒ No, then go to line 14.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

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 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 outcome of the lobbying activity?

☒ No, then sign and date the registration.

☐ Yes, then complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Signature: ON FILE Date: Oct 29, 2007

Printed Name and Title: PATRICIA LYNCH/PRESIDENT -