
1993

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**New York State Lobbyist Periodic Report
for the Period Ending May 31, 19 93**

For Office Use Only
(Form #2B REV 90)

Check One:

- ☐ First Report filed for this year.
☒ A report for this client was previously
filed for the period ending March 31, 19 93.
☐ Amended Report

I. PRINCIPAL LOBBYIST INFORMATION

A. Name: Sharon T. Portnoy
B. Permanent Business Address: 111 Washington Avenue, Suite 602
C. City: Albany State: NY 9-Digit Zip Code: 12210
D. Business Phone: 518-432-0590 Other: _____

II. CLIENT INFORMATION

A. Name: Philip Morris
B. Permanent Business Address: 120 Park Avenue
C. City: New York State: NY 9-Digit Zip Code: 10017
D. Business Phone: 212-880-5000 Other: _____
E. Third Party Beneficiary: _____

Check here ☐ if any of the above information is **DIFFERENT** from your Statement of Registration or most recent amendment.

III. ADDITIONAL LOBBYISTS

List each individual associated with the principal lobbyist who lobbied during this period. If you list a name not shown on Part III of your Statement of Registration or in an amendment, type "add" beside the name.

A. -0- C. _____
B. _____ D. _____

☐ Continued on attached pages

IV. SUMMARY OF COMPENSATION & REIMBURSED EXPENSES

Read the following instructions and complete this part as applicable:

Check One:

- ☐ If the principal lobbyist is retained by the client, list the compensation and reimbursed expenses paid or owed to the principal lobbyist (Part I) for lobbying.
☒ If the principal lobbyist is employed by the client, list the compensation and reimbursed expenses paid or owed to **BOTH** the principal lobbyist (Part I) and additional lobbyists (Part III) for lobbying.
☐ If the principal lobbyist and client are the same, list the compensation and reimbursed expenses paid or owed to the additional lobbyists (Part III) for lobbying.

	<u>A</u> Current Period	<u>B</u> Total Year to Date Amount Reported in Last Periodic Report	<u>C</u> Total Year to Date
Compensation:	\$ <u>2,325.00</u>	\$ <u>3,375.00</u>	\$ <u>5,700.00</u>
Reimbursed Expenses:	\$ <u>962.66</u>	\$ <u>5,883.90</u>	\$ <u>6,846.56</u>

V. LOBBYING EXPENSES

Reportable lobbying expenses may include but are **NOT** limited to:

- Advertising • Entertainment • Receptions, events • Printing, mailing and reproduction • Telephone
- Consultants • Retained lobbyist's expenses for lobbying employees' salaries (ITEMIZE IN C)

- A. Report in the aggregate all expenses less than or equal to \$75: \$ 2965.03
- B. Report in the aggregate all expenses for salaries of non-lobbying employees: \$ 792.50
- C. Itemize each expense exceeding \$75:

Paid To	Date	Purpose	Amount
1.			\$
2. Please see Exhibit A (attached)			\$
3.			\$
4.			\$

☐ Continued on attached pages See Attached Exhibit A total \$143,146.66

- D. If any expense listed in C was on behalf of any one person, fill in the following information:

Expense #	Person	Title & Employer	Amount
1.			\$
2.			\$

☐ Continued on attached pages

- E. Total Expenses since last periodic report (A + B + C): \$ 146,904.22
- F. Total Year to Date Expenses reported in last periodic report: \$ 170,950.32
- G. Total Expenses Year to Date: \$ 317,854.54

VI. SUBJECTS LOBBIED ON:

All issues affecting manufacture, sale use or marketing of company consumer products.

VII. PERSON, STATE AGENCY OR LEGISLATIVE BODY LOBBIED:

Executive branch, appropriate state agencies and legislature.

☐ Continued on attached pages

VIII. DECLARATION:

This Declaration must be signed by the principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (If the Chief Administrative Officer, for any reason, does not sign, he must duly designate another person to sign this Declaration. SEE INSTRUCTIONS.)

I DECLARE UNDER PENALTY OF PERJURY, THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Signature: Sharon T. Portnoy

Date: 6/15/93

Print/Type Name: Sharon T. Portnoy

Check one: ☒ Principal Lobbyist ☐ Chief Administrative Officer ☐ Designee (Attach Letter)

EXHIBIT A

<u>PAID TO</u>	<u>DATE</u>	<u>PURPOSE</u>	<u>AMT</u>
Optima Direct, Inc.	April	Phone	\$138,562.55
Optima Direct, Inc.	April	Overhead & Salaries	\$ 4,584.11
	Total		\$143,146.66

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April & May

April

Date		Amt.	#	# of leg/staff	Cost Per Person	Reportable
4/16	Dinner	\$31.59	2	1	15.80	15.80
4/19	Dinner	\$188.40	3	2	62.80	125.60
4/27	Dinner	\$243.05	4	3	60.76	182.28

May

5/8	Dinner	186.25	3	1	62.08	62.08
5/10	Dinner	189.50	5	1	37.90	37.90
5/13	Sparo Exhibit	485.35				485.35
5/24	Dinner	100.95	2	1	53.65	53.65

\$ 962.66

Aggregate

Federal Express						\$ 13.00
ZAP					\$ 1,139.81	\$ 1,069.31
C & L					\$ 865.52	
Golf proms					\$ 71.78	
Directories					28.00	\$ 45.50
Freinofe's					\$ 159.12	
B of R					\$ 75.00	
Indy tix					\$ 176.00	
Indy					75.00	
Phone (1179.58 (15%))					\$ 176.94	
Phone (115.70 (15%))					\$ 107.36	

2965.03

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