

FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

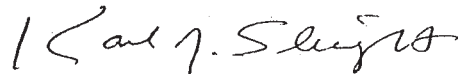
State Agency Name: Department of State	Agency Business Unit: 00001
State Agency Department ID: 380000	Contract Number: C1002403
Contractor Name: Lippes Mathias, LLP	Contract End Date: 10/31/2025
Contract Start Date: 11/1/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Partner 23-1011.00	3.00	161.50	\$ 84,787.50
Associate 23-1011.00	2.00	85.00	\$ 31,875.00
Paralegal 23-2011.00	1.00	26.50	\$ 3,312.50
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
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	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	6.00	273.00	\$119,975.00
Grand Total	6.00	273.00	\$119,975.00

Name of person who prepared this report: Karl Sleight

Title: Partner

Preparer's Signature: _____



Phone #: 518.424.5126

Date Prepared: 07/21/2023