Print Form

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
Completely fill in one circle.
Print legible numbers and block letters, no script.

I Reporting Information

Year: 2016

Fill in circle if amendment ○

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JUL 12 2016

II Client Information

Name: State Farm Mutual Automobile Insurance Company

Permanent Business Address: 6 Hillman Drive, Suite 200

City: Chadds Ford | State: PA | ZIP code: 19317

Phone: 610-361-4150

III Business Relationship with an Entity

Instructions: **Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.**

Entity Name: Nicolini, Paradise, Ferretti and Sabella

Entity Address: 114 Old Country Road, Suite 500

City: Mineola | State: NY | ZIP code: 11501

Phone: 516-741-6355

State Person with the Requisite Involvement in the Entity:

Last name: Curran | First name: Brian

State Person's Agency or Legislative Body of Employment:

Public Office Address: LOB 318

City: Albany | State: NY | ZIP code: 12248

Phone: 518-455-4656

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ○

Description of Business Relationship(s): Retained Counsel

Compensation (Actual or Anticipated): $ 1,729,629 .00

Expenses (Actual or Anticipated): $ 231,327 .00

Total Compensation and Expenses (Actual or Anticipated): $ 1,960,956 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** January **Year:** 2013

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** **Year:**

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ○

Continued on next page

Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

III Business Relationship with an Entity

Instructions: **Fill out this section *only* if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.**

III(a) **Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.**

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ○

Description of Business Relationship(s):

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** **Year:**

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** **Year:**

III(b) **Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.**

Entity Name:

Entity Address:

City: State: ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

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Designated Addendum Sheet for Sections III and IV

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

IV Business Relationship with a State Person

Instructions: **Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.**

State Person Last Name: State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): **$** **.00**

Expenses (Actual or Anticipated): **$** **.00**

Total Compensation and Expenses (Actual or Anticipated): **$** **.00**

Beginning date of Business Relationship (Actual or Anticipated): **Month:** **Year:**

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** **Year:**

IV Business Relationship with a State Person

Instructions: **Fill out this section *only* if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section and fill out Section III.**

State Person Last Name: State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City: State: ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** **Year:**

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** **Year:**

Check here if using addendum sheet for additional State Person(s): ○

V Declaration

This Declaration must be signed by the Chief Administrative Officer. If the Chief Administrative Officer, for any reason, does not sign, he/she 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.

X **SIGNATURE:** Martin Erwin **DATE:** 7/8/16

PRINT NAME: LAST Erwin **FIRST** Martin

Mark One: ⊗ Chief Administrative Officer ○ Designee(Attach Letter)

Chadds Ford Business Campus
Suite 200
6 Hillman Drive
Chadds Ford, PA 19317

Floyd Holloway
Counsel
Phone: 610-361-4147
Fax: 610-361-4152

July 12, 2016

New York State
Joint Commission on Public Ethics
540 Broadway
Albany, NY 12207

"JCOPE" Rec'd
JUL 12 2016

RE: NY State Client Business Relationship Disclosure Form for Filing with JCOPE January – June 2016

State Farm Mutual Automobile Insurance Company ("State Farm") has a reportable business relationship with an entity in which New York State Assemblyman Brian Curran meets the requisite involvement. In compliance with Legislative Law §§1-c(w), 1-e(c)(8)(i)-(iii) and 1-j(b)(6)(i)-(iii) of the State of New York, please find enclosed the following document for filing with the Joint Commission:

- NY State Client Business Relationship Form, for January – June 2016

Sincerely,

Floyd Holloway
Counsel

Enclosures

2014-20847/17238922v1