

# 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: 2013  
 Fill in circle if amendment

FOR OFFICE USE ONLY

**HAND DELIVERED**  
**RECEIVED JUL 02 2013**

## II Client Information

Name: TWC Administration LLC  
 Permanent Business Address: 20 Century Hill Drive  
 City: Latham State: NY ZIP code: 12170  
 Phone:

## 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: Hiscock & Barclay LLP  
 Entity Address: 300 State Street  
 City: Syracuse State: NY ZIP code: 13202  
 Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay First name: William A.

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Building, Room 521

City: Albany State: NY ZIP code: 12245

Phone:

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

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal projects on their behalf

Compensation (Actual or Anticipated):	\$ 240,000	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 240,000 .00	

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

End date of Business Relationship (Actual or Anticipated) if applicable: Month: n/a Year:

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

#### 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: 

DATE: 6/24/13

PRINT NAME: LAST Whalen

FIRST Rory

Mark One:

Chief Administrative Officer

Designee(Attach Letter)

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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**I Reporting Information**

Year: 2013

Fill in circle if amendment

FOR OFFICE USE ONLY D

RECEIVED FEB 19 2014

**II Client Information**

Name: TWC Administration LLC

Permanent Business Address: 20 Century Hill Drive

City: Latham State: NY ZIP code: 13202

Phone: 518-640-8569

**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: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse State: NY ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay First name: William

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: Legislative Office Building, Room 521

City: Albany State: NY ZIP code: 12245

Phone: 518-455-5841

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

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated):	\$ 255,000	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 255,000	.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:

**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: 

DATE: 2/19/14

PRINT NAME: LAST Whalen FIRST Rory

Mark One:  Chief Administrative Officer  Designee(Attach Letter)

**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: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: O'Mara

First name: Thomas

State Person's Agency or Legislative Body of Employment: NYS Senate

Public Office Address: Legislative Office Building, Room 812

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-2091

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

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

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:

**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: Hiscock & Barclay LLP

Entity Address: 300 State Street

City: Syracuse

State: NY

ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Breslin

First name: Neil

State Person's Agency or Legislative Body of Employment: NYS Senate

Public Office Address: NYS Capitol, Room 414

City: Albany

State: NY

ZIP code: 12245

Phone: 518-455-2225

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

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barclay to perform legal work on their behalf

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): 

\$	.00
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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:

# 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: January-June 2013

Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPE" Rec'd *amend*

APR 14 2016

**II Client Information**

Name: TWC Administration LLC

Permanent Business Address: 20 Century Hill Drive

City: Latham State: NY ZIP code: 12170

Phone: 518-640-8569

**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: Hiscock & Barclay

Entity Address: 300 State Street

City: Syracuse State: NY ZIP code: 13202

Phone: 315-425-2873

State Person with the Requisite Involvement in the Entity:

Last name: Barclay First name: William

State Person's Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: NYS Legislative Office Building, Room 521

City: Albany State: NY ZIP code: 12245

Phone: 518-455-5841

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

Description of Business Relationship(s):

TWC hires Hiscock Barclay to perform Legal Services

Compensation (Actual or Anticipated):	\$ 122,431	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 122,431 .00	

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

End date of Business Relationship (Actual or Anticipated) if applicable: Month: June Year: 2013

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

#### 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:



DATE:

4/13/16

PRINT NAME: LAST Whelan

FIRST Rory

Mark One:

Chief Administrative Officer

Designee (Attach Letter)