

# NY STATE LOBBYIST 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**

Biennial Period: 2015-2016  
 Fill in circle if amendment

FOR OFFICE USE ONLY

**HAND DELIVERED**  
 RECEIVED FEB 17 2015

**II Principal Lobbyist Information**

PRINCIPAL LOBBYIST NAME: Organization: TWC Administration LLC  
 or  
 Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Permanent Business Address: 20 Century Hill Drive  
 City: Latham State: NY ZIP code: 12170  
 Business Phone: 518-640-8569 Fax Number: \_\_\_\_\_

**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 hires the law firm of Hiscock & Barclay to perform legal services

Compensation (Actual or Anticipated):	\$5,000	.00
Expenses (Actual or Anticipated):	\$0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$5,000	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2015  
 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 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/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: 2/10/15

PRINT NAME: LAST Whalen FIRST Rory

Mark One:  Principal Lobbyist  Chief Administrative Officer  Designee (Attach Letter)

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"JCOPE" Rec'd *amend*

APR 14 2016

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Business Address: 20 Century Hill Drive

City: Latham State: NY ZIP code: 12170

Business Phone: 518-640-8569 Fax Number: \_\_\_\_\_

**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: 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 Barclay Damon to Preform Legal Services

Compensation (Actual or Anticipated):	\$52,221	.00
Expenses (Actual or Anticipated):	\$0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$52,221 .00	

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2015

End date of Business Relationship (Actual or Anticipated) if applicable: Month: June Year: 2015

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 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/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:  Principal Lobbyist  Chief Administrative Officer  Designee (Attach Letter)

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Last Name: First Name:  
 Permanent Business Address: 20 Century Hill Drive  
 City: Latham State: NY ZIP code: 12170  
 Business Phone: 518-640-8569 Fax Number:

## 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: Barclay Damon  
 Entity Address: One Park Place -300 State Street  
 City: Syracuse State: NY ZIP code: 13202  
 Phone: 315-425-2700  
 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 Hires Barclay Damon to Perform Legal Services

Compensation (Actual or Anticipated):	\$336,000	.00
Expenses (Actual or Anticipated):	\$0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$336,000	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: July Year: 2015

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December Year: 2016

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:

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DATE:

4/13/16

PRINT NAME: LAST Whelan

FIRST Rory

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 Entity Address: One Park Place -300 State Street  
 City: Syracuse State: NY ZIP code: 13202  
 Phone: 315-425-2700  
 State Person with the Requisite Involvement in the Entity:  
 Last name: Barclay First name: William  
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City:

State:

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Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

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