

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: 2015-2016
 Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED FEB 17 2015
 HAND DELIVERED

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: 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 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:

2/10/15

PRINT NAME: LAST Whalen

FIRST Rory

Mark One:

Chief Administrative Officer

Designee(Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.
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I Reporting Information

Year: July-December 2015
 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: 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: 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):	\$ 143,738	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 143,738 .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: 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:

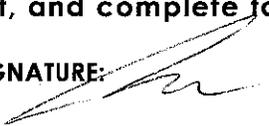
Check here if using addendum sheet for additional State Person(s):

V Declaration

This Declaration must be signed by the 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:

 4/13/16

DATE:



PRINT NAME: LAST Whelan

FIRST Rory

Mark One:

Chief Administrative Officer

Designee (Attach Letter)