

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: 2012

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JAN 16 2013

II Client Information

Name: Jefferies & Company, Inc.

Permanent Business Address: 520 Madison Avenue, 8th Floor

City: New York

State: NY

ZIP code: 10022

Phone: (212) 284-2300

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: 7 Times Square

City: New York

State: NY

ZIP code: 10036

Phone: (212) 784-5800

State Person with the Requisite Involvement in the Entity:

Last name: Barclay

First name: William

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

Public Office Address: 200 North Second Street

City: Fulton

State: NY

ZIP code: 13069

Phone: 315-598-5185

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

Description of Business Relationship(s): Hiscock & Barclay, LLP provided Jefferies & Company, Inc. legal services as an Underwriter's Counsel and as a Remarketing Agent Counsel. William Barclay did not provide services as part of these engagements.

Compensation (Actual or Anticipated): \$92,750 .00

Expenses (Actual or Anticipated): \$0 .00

Total Compensation and Expenses (Actual or Anticipated): \$92,750 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: March Year: 2012

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: N/A

State Person First Name: N/A

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ 0 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 0 .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: *Heather E Grzanka* DATE: *01/15/2013*

PRINT NAME: LAST Grzanka

FIRST Heather

Mark One: Chief Administrative Officer Designee(Attach Letter)