

# 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: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

HAND DELIVERED

RECEIVED AUG 08 2014

**II Client Information**

Name: PosiGen, LLC

Permanent Business Address: 2424 Edenborn Ave., Ste. 550

City: New Orleans State: LA ZIP code: 70001

Phone: 518-465-0710

**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: 80 State Street

City: Albany State: NY ZIP code: 12207

Phone: 518-429-4200

State Person with the Requisite Involvement in the Entity:

Last name: O'Mara First name: Thomas F.

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: 12247

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): Hiscock & Barclay, LLP, provides legal and lobbying services relating to the development of a lower/middle income solar and energy efficiency business in New York

Compensation (Actual or Anticipated):	\$ 15,026 ytd	.00
Expenses (Actual or Anticipated):	\$	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 15,026 ytd	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: May Year: 2014

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:**

## 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) <i>if applicable</i> :	Month:	Year:

## 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): See above

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: Hiscock & Barclay, LLP

Entity Address: 80 State Street

City: Albany

State: NY

ZIP code: 12207

Phone: 518-429-4200

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:

Public Office Address: Legislative Office Building, Room 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841

#### 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:

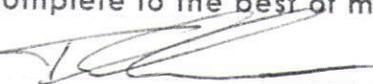
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

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: 7-31-14

PRINT NAME: LAST Neyhart

FIRST Thomas

Mark One:  Chief Administrative Officer  Designee(Attach Letter)