

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: ~~July-December 2013~~
Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JAN 15 2014

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:
or

Last Name: O'Malley

First Name: Michael

Permanent Business Address: 15 Mountain View Road

State: NJ

ZIP code: 07059

City: Warren

Business Phone: (908) 903-7004

Fax Number: (908) 903-7015

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: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester

State: NY

ZIP code: 14604

Phone: 585-295-4424

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: NY State Assembly

Public Office Address: 172 State Street, Room 521

City: Albany

State: NY

ZIP code: 12248

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): Hiscock and Barclay, LLP provides legal Services to Chubb and its Insureds.

Compensation (Actual or Anticipated): \$250,000 .00

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

Total Compensation and Expenses (Actual or Anticipated): \$ 250,000 .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 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.

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:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

Phone:

State:

ZIP code:

First name:

State:

ZIP code:

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

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:

III(b) Fill out this section **ONLY** for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name: **Hiscock and Barclay, LLP**

Entity Address: **2000 HSBC Plaza, 100 Chestnut Street**

City: **Rochester**

Phone: **585-295-4424**

State Person with the Requisite Involvement in the Entity:

Last name: **Breslin**

State Person's Agency or Legislative Body of Employment: **N.Y. State Assembly**

Public Office Address: **172 State Street, Room 414**

City: **Albany**

Phone: **518-455-2225**

State: **NY**

ZIP code: **14604**

First name: **Neil D.**

State: **NY**

ZIP code: **12248**

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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): _____

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 and Barclay, LLP**
Entity Address: **2000 HSBC Plaza, 100 Chestnut Street**
City: **Rochester** State: **NY** ZIP code: **14604**
Phone: **585-295-4424**
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: **NY State Assembly**
Public Office Address: **172 State Street, Room 812**
City: **Albany** State: **NY** ZIP code: **12248**
Phone: **518 455-2091**

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: *Michael J. O'Malley*

DATE: 1/13/2014

PRINT NAME: LAST O'Malley

FIRST Michael

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

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or

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First Name: Michael

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Entity Address: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester

State: NY

ZIP code: 14604

Phone: 585-295-4424

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: NY State Assembly

Public Office Address: 172 State Street, Room 521

City: Albany

State: NY

ZIP code: 12248

Phone: (518) 455-5841

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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:

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

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City: **Rochester**

State: **NY**

ZIP code: **14604**

Phone: **585-295-4424**

State Person with the Requisite Involvement in the Entity:

Last name: **Breslin**

First name: **Neil D.**

State Person's Agency or Legislative Body of Employment: **N.Y. State Assembly**

Public Office Address: **172 State Street, Room 414**

City: **Albany**

State: **Ny**

ZIP code: **12248**

Phone: **518-455-2225**

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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):

Compensation (Actual or Anticipated): \$.00

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City: Rochester

State: NY

ZIP code: 14604

Phone: 585-295-4424

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Last name: O'Mara

First name: Thomas

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

Public Office Address: 172 State Street, Room 812

City: Albany

State: NY

ZIP code: 12248

Phone: 518 455-2091

Continued on next page

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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:

Michael J. O'Malley

DATE:

1/13/2014

PRINT NAME: LAST

O'Malley

FIRST

Michael

Mark One:



Principal Lobbyist



Chief Administrative Officer



Designee (Attach Letter)