

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

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II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: State Farm Mutual Automobile Insurance Company
 or

Last Name:

First Name:

Permanent Business Address: 6 Hillman Drive, Suite 200

City: Chadds Ford

State: PA

ZIP code: 19317

Business Phone: 610-361-4150

Fax Number: 610-361-4152

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: Nicolini, Paradise, Ferretti and Sabella

Entity Address: 114 Old Country Road, Suite 500

City: Mineola

State: NY

ZIP code: 11501

Phone: 516-741-6355

State Person with the Requisite Involvement in the Entity:

Last name: Curran

First name: Brian

State Person's Agency or Legislative Body of Employment: NYS Assemblyman

Public Office Address: LOB 318

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-4656

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

Description of Business Relationship(s): retained counsel

Compensation (Actual or Anticipated): \$ 6,677,129 .00

Expenses (Actual or Anticipated): \$ 195,862 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 6,872,991 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

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:

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: _____

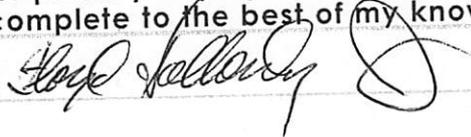
End date of Business Relationship (Actual or Anticipated) if applicable: Month: _____ Year: _____

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: February 11, 2015

PRINT NAME: LAST Holloway FIRST Floyd

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