

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: 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd
NOV 09 2018

II Client Information

Name: GENERAL MOTORS LLC (FKA GENERAL MOTORS COMPANY)

Permanent Business Address: 25 MASSACHUSETTS AVENUE, NW, SUITE 400

City: WASHINGTON

State: DC

ZIP code: 20001

Phone: (202) 775-5056

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 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

State Person's Agency or Legislative Body of Employment: NEW YORK STATE ASSEMBLY

Public Office Address: LOB 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): General Motors hired Barclay Damon LLP for legal services in New York. As an equity partner in the firm, Assemblymember Barclay could benefit from this relationship. He did not perform any work for General Motors directly.

Compensation (Actual or Anticipated): \$ 7,904 .00

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

Total Compensation and Expenses (Actual or Anticipated): \$ 7,904 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 10 Year: 2019

End date of Business Relationship (Actual or Anticipated) if applicable: Month: 10 Year: 2019

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:

11/8/2018

PRINT NAME: LAST Roosa

FIRST Bryan

Mark One:

☒ Chief Administrative Officer

☐ Designee(Attach Letter)