## Y 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.

Reporting	Information

Biennial Period: January - June 2015

Fill in circle if amendment O

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II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization:

Last Name: O'Malley

First Name: Michael

Permanent Business Address: 15 Mountain View Road

State: NJ

ZIP code: 07059

City: Warren

Business Phone: (908)903-7504

Fax Number: (908)903-7015

III Business Relationship with an Entity

Fill out this section only if the Relationship is with an Entity. If the Relationship is with a State Person, skip this section Instructions:

and fill out Section IV.

Entity Name: Barclay Damon (formerly Hiscock & Barclay, LLP)

Entity Address: 2000 HSBC Plaza, 100 Chestnut Street

City: Rochester

State: NY

7IP 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): Barclay Damon (formerly Hiscock & Barclay, LLP) provides legal

services to Chubb and its Insureds.

Compensation (Actual or Articipated):

\$ 473,209.50

.00

Expenses (Actual or Anticipated):

6,630.33

.00

\$ 479,839.83

.00

Total Compensation and Expenses (Actual or Anticipated):

Month:

Year:

Beginning date of Business Relationship (Actual or Anticipated): 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/Entitles:

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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 and fill out Section IV.	an Entity. If the Relations	hip is with a State Person, skip this section
III(a) Fill out this section ONLY for additional Relations	hip(s) with different Entity/	Entities.
Entity Name:		
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City:	State:	ZIP code:
Phone:	en e	The second of th
State Person with the Requisire Involvement in the Entity:		
Last name:	First name:	indeferrance programme adaption to the state of the state
State Person's Agency or Legislative Body of Employmen	"	and the second of the second o
Public Office Address:		
	State:	ZIP code:
City:		in the second of a
Phone:  Check here if using addendum sheet for additional State	Person(s) with the Real	uisite involvement in the Entity:
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Expenses (Actual or Anticipaled): \$	.00	\$ .00
Total Compensation and Expenses (Actual or Anticipated		\$ .00
Beginning date of Business Relationship (Actual or Anticip	oated): <b>Montl</b>	n: Year:
End date of Business Relation ship (Actual or Anticipated)	if applicable: Month	n: Year:
III(b) Fill out this section ONLY for additional State Pers		lvement in an Entity previously listed.
Entity Name: Barclay Damon (formerly Hiscock & D		
Entity Address: 2000 HSBC Flaza, 100 Chestnut Str		
City: Rochester	State: NY	ZIP code: 14604
Phone: (585)295-4424	manuscript resources and a second of the sec	The rest of the sequences and the sequences of the sequen
State Person with the Requisire Involvement in the Entity:		
Last name: Breslin	First name: Neil D.	anga ara gana ganak ki Villa di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn
State Person's Agency or Legislative Body of Employmen	t: N.Y. State Assemb	oly
Public Office Address: 172 State Street, Room 414	A CONTRACTOR OF THE CONTRACTOR	
City: Albany	State: NY	ZIP code: 12248
Phone: (518)455-2225		

## Designated Addendum Sheet for Sections III and IV

Please use the following addentium pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

	s Relationship with an	Entity		
Instructions:	Fill out this section only if the Reand fill out Section IV.	elationship is with an Ent	ity. If the Relationship is	s with a State Person, skip this section
III(a)	Fill out this section ONLY for add	difional Relationship(s) v	th different Entity/Entit	ies.
Entity Name:				
Entity Address	S:			
City:		Stat	e:	ZIP code:
Phone:				
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Last name:		First	name:	
State Person's	s Agency or Legislative Body	of Employment:		
Public Office	A STORY OF THE PERSON OF THE P			
City:	ACCESS COMP. Accessory and Const.	State	e:	ZIP code:
Phone:				
Check here it	i using addendum sheet for a	dditional State Persor	n(s) with the Requisit	e involvement in the Entity:
Description o	f Business Relationship(s):			
Compensatio	on (Actual or Anticipated):	\$	.00	
Expenses (Ac	tual or Anticipated):	\$	.00	
Total Compe	nsation and Expenses (Actua	I or Anticipated):	\$	.00
Beginning da	te of Business Relationship (A	ctual or Anticipated):	Month:	Year:
End date of B	Business Relation:hip (Actual o	or Anticipated) if app	licable: Month:	Year:
III(b)	Fill out this section ONLY for add	itional State Person with	the Requisite Involven	nent in an Entity previously listed.
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	O'Mara		name: Thomas	
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	Address: 172 State Stree			
City: Albany	a company and the contraction of the contract	State	e: NY	ZIP code: 12248
Phone: (518	and a control of the control of the same of the control of			

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