

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: 2012

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JAN 17 2013

II Client Information

Name: Brookfield Power US Asset Management

Permanent Business Address: 200 Donald Lynch Blvd, Suite 300

City: Marlborough State: MA ZIP code: 01752

Phone: 508-251-7650

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, LLC

Entity Address: 300 South State Street

City: Syracuse State: NY ZIP code: 13202

Phone: 315-425-2873

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): Assemblyman Barclay is a partner at Hiscock & Barclay who serves as our attorney.
 Mr. Barclay has not directly represented Brookfield Power US Asset Management.

Compensation (Actual or Anticipated):	\$ 36,000	.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 36,000 .00	

Beginning date of Business Relationship (Actual or Anticipated): Month: August 30 Year: 2004

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:

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: January 15, 2013

PRINT NAME: LAST Ames

FIRST Shannon

Mark One:

Chief Administrative Officer

Designee(Attach Letter)