

# 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: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

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## II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: SUPERFUND COALITION, INC. (NY)  
 or

Last Name:

First Name:

Permanent Business Address: 2000 HSBC PLAZA, 100 CHESTNUT STREET

City: ROCHESTER

State: NY

ZIP code: 14604

Business Phone: (585)295-4414

Fax Number: (585)295-8843

## 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: 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: WILL

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

Public Office Address: ROOM 521 LOB

City: ALBANY

State: NY

ZIP code: 12248

Phone: (518)45505841

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): \$9,518 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: JANUARY Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable: Month: DECEMBER Year: 2104

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): 

\$0	.00
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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:

Thomas F. Walsh  
Partner

DATE:

March 14, 2014

PRINT NAME: LAST

Walsh

FIRST

Thomas

Mark One:



Principal Lobbyist



Chief Administrative Officer



Designee (Attach Letter)