

# 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: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

HAND DELIVERED

RECEIVED MAY 21 2014

## II Client Information

Name: Champlain Hudson Power Express, Inc.

Permanent Business Address: 600 Broadway, 1st Floor

City: Albany

State: NY

ZIP code: 12207

Phone: 518-465-0710

## 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: 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: O'Mara

First name: Thomas F.

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

Public Office Address: Legislative Office Building, Room 812

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2091

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

Description of Business Relationship(s): Hiscock & Barclay, LLP, provides legal services relating to the development of a transmission line

Compensation (Actual or Anticipated): \$ 330,000.00 semi ann ~~:00~~

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 330,000.00 semi ann ~~:00~~

Beginning date of Business Relationship (Actual or Anticipated): Month: Year: 2008

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: *William S Helmer* DATE: *May 20, 2014*

PRINT NAME: LAST Helmer (General Counsel) FIRST William

Mark One:  Chief Administrative Officer  Designee(Attach Letter)

## 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 an Entity. If the Relationship is with a State Person, skip this section and fill out Section IV.

**III(a)** Fill out this section **ONLY** for additional Relationship(s) with different Entity/Entities.

Entity Name:

Entity Address:

City:

State:

ZIP code:

Phone:

State Person with the Requisite Involvement in the Entity:

Last name:

First name:

State Person's Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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

Description of Business Relationship(s): See above

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:

**III(b)** Fill out this section **ONLY** for additional State Person with the Requisite Involvement in an Entity previously listed.

Entity Name: Hiscock & Barclay, 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 A.

State Person's Agency or Legislative Body of Employment:

Public Office Address: Legislative Office Building, Room 521

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5841



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City: Albany

State: NY

ZIP code: 12207

Phone: 518-465-0710

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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: O'Mara

First name: Thomas F.

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

Public Office Address: Legislative Office Building, Room 812

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2091

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

Description of Business Relationship(s): Hiscock & Barclay, LLP, provides legal services relating to the development of transmission line.

Compensation (Actual or Anticipated): \$ 301,669 semi annual .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): **\$ 301,669 semi annual .00**

Beginning date of Business Relationship (Actual or Anticipated): Month: Year: 2008

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: *William S. Helmer* DATE: July 14, 2014

PRINT NAME: LAST Helmer FIRST William

Mark One:  Chief Administrative Officer  Designee(Attach Letter)