

# 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

rec'd 7/16/15

## II Client Information

Name: State Farm Mutual Automobile Insurance Company

Permanent Business Address: 6 Hillman Drive, Suite 200

City: Chadds Ford

State: PA

ZIP code: 19317

Phone: 610-361-4150

## 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: Nicolini, Paradise, Ferretti and Sabella

Entity Address: 114 Old Country Road, Suite 500

City: Mineola

State: NY

ZIP code: 11501

Phone: 516-741-6355

State Person with the Requisite Involvement in the Entity:

Last name: Curran

First name: Brian

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

Public Office Address: LOB 318

City: Albany

State: NY

ZIP code: 12248

Phone: 518-455-5656

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

Description of Business Relationship(s): retained counsel

Compensation (Actual or Anticipated): \$3,445,741 .00

Expenses (Actual or Anticipated): \$88,201 .00

Total Compensation and Expenses (Actual or Anticipated): \$3,533,942 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

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): ☐

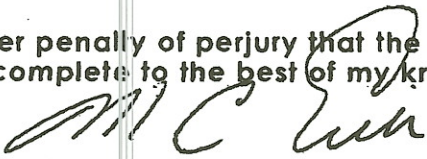
#### V Declaration

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: July 8, 2015

PRINT NAME: LAST Erwin

FIRST Martin

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):

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:

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:

Continued on next page

## 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.

### 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: