

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: 2016

Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPE" Rec'd

SEP 14 2017

II Client Information

Name: Morgan Stanley & Co. LLC

Permanent Business Address: 1585 Broadway

City: New York

State: NY

ZIP code: 10036

Phone: (212) 761-4000

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: Barclay Damon LLP

Entity Address: 80 State Street

City: Albany

State: New York

ZIP code: 12207

Phone: (518) 429-4200

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: New York

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): In connection with two bond offerings, the law firm of Barclay Damon LLP was retained as underwriter's counsel. State Person is a partner of the law firm. Total compensation paid to the firm was \$52,802.

Compensation (Actual or Anticipated):	\$ 52,802	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 52,802	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: December Year: 2016

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December Year: 2016

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:

Alison Davidson

DATE:

9-13-17

PRINT NAME: LAST Davidson

FIRST Alison

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 Relationships 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:

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: _____