

# 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 15 2013

**II Client Information**

Name: Globalfoundries US Inc.

Permanent Business Address: 107 Hermes Road, Suite 200

City: Malta State: NY ZIP code: 12020

Phone: 518-305-9023

**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

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: Will Barclay

Last name: Barclay First name: Will

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

Public Office Address: Legislative Office Bldg., Room 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): The law firm Hiscock & Barclay provides legal services to Globalfoundries.

Compensation (Actual or Anticipated):	\$ 273,829	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 273,829 .00	

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2012

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: 1/11/13

PRINT NAME: LAST Russo

FIRST Michael

Mark One:  Chief Administrative Officer  Designee(Attach Letter)