

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: 2013

Fill in circle if amendment

FOR OFFICE USE ONLY

RECEIVED JUL 15 2013
HAND DELIVERED

II Client Information

Name: ANSI PARTNERS, LLC

Permanent Business Address: 8711 OLD BEE CAVES ROAD

City: AUSTIN

State: TX

ZIP code: 78735

Phone: (512)288-7410

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)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):

Compensation (Actual or Anticipated): \$ 9005 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): **\$ 9005 .00**

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

End date of Business Relationship (Actual or Anticipated) if applicable: Month: DECEMBER Year: 2014

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: *Kevin R. McAuliffe* DATE: 7/12/2013

PRINT NAME: LAST McAuliffe FIRST Kevin

Mark One: Chief Administrative Officer Designee (Attach Letter)