Print Form

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

HAND DELIVERED
RECEIVED JUL 02 2013

II Client Information

Name: TWC Administration LLC

Permanent Business Address: 20 Century Hill Drive

City: Latham State: NY ZIP code: 12170

Phone:

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 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: William A.

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

Public Office Address: Legislative Office Building, Room 521

City: Albany State: NY ZIP code: 12245

Phone:

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

Description of Business Relationship(s): TWC Administration LLC hires Hiscock & Barcaly to perform legal projects on their behalf

Compensation (Actual or Anticipated): $240,000 .00

Expenses (Actual or Anticipated): $0 .00

Total Compensation and Expenses (Actual or Anticipated): $240,000 .00

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

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** n/a **Year:**

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities: ○

Continued on next page

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:** 6/24/13

PRINT NAME: LAST Whalen **FIRST** Rory

Mark One: ☒ Chief Administrative Officer ○ Designee(Attach Letter)