

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

HAND DELIVERED

RECEIVED MAY 21 2014

II Client Information

Name: Champlain Hudson Power Express, Inc.

Permanent Business Address: 600 Broadway, 1st Floor

City: Albany

State: NY

ZIP code: 12207

Phone: 518-465-0710

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: 80 State Street

City: Albany

State: NY

ZIP code: 12207

Phone: 518-429-4200

State Person with the Requisite Involvement in the Entity:

Last name: O'Mara

First name: Thomas F.

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

Public Office Address: Legislative Office Building, Room 812

City: Albany

State: NY

ZIP code: 12247

Phone: 518-455-2091

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

Description of Business Relationship(s): Hiscock & Barclay, LLP, provides legal services relating to the development of a transmission line

Compensation (Actual or Anticipated): \$ 330,000.00 semi ann :00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 330,000.00 semi ann :00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year: 2008

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: *William S. Helmer* **DATE:** *May 20, 2014*
PRINT NAME: LAST Helmer (General Counsel) **FIRST** William
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): See above

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: Hiscock & Barclay, LLP

Entity Address: 80 State Street

City: Albany State: NY ZIP code: 12207

Phone: 518-429-4200

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:

Public Office Address: Legislative Office Building, Room 521

City: Albany State: NY ZIP code: 12248

Phone: 518-455-5841

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:**