

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

RECEIVED JUL 14 2014

HAND DELIVERED

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 transmission line.

Compensation (Actual or Anticipated):	\$ 301,669 semi annual	.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 301,669 semi annual .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:

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: July 14, 2014

PRINT NAME: LAST Helmer

FIRST William

Mark One: Chief Administrative Officer Designee (Attach Letter)