Print Form

# NY STATE LOBBYIST 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

Biennial Period: 2015-2016

Fill in circle if amendment ○

FOR OFFICE USE ONLY

HAND DELIVERED
RECEIVED FEB 17 2015

## II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: TWC Administration LLC
or

Last Name: First Name:

Permanent Business Address: 20 Century Hill Drive

City: Latham State: NY ZIP code: 12170

Business Phone: 518-640-8569 Fax Number:

## 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

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: 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): TWC Administration hires the law firm of Hiscock & Barclay to perform legal services

Compensation (Actual or Anticipated): $5,000 .00

Expenses (Actual or Anticipated): $0 .00

Total Compensation and Expenses (Actual or Anticipated): $5,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** January **Year:** 2015

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 principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (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:** 2/10/15

**PRINT NAME: LAST** Whalen **FIRST** Rory

Mark One: ○ Principal Lobbyist ⊗ Chief Administrative Officer ○ Designee (Attach Letter)