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: 2014

Fill in circle if amendment ●

FOR OFFICE USE ONLY

I RECEIVED JAN 16 2015

2014
J/D
- not an amendment to J/J

## II Client Information

Name: Insurance Assocation, Inc. (NY)

Permanent Business Address: 130 Washington Avenue

City: Albany State: NY ZIP code: 12210

Phone: (518) 432-4227

## 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: Robert C. Oaks Insurance Agency

Entity Address: 1497 Willowdale Drive

City: Macedon State: NY ZIP code: 14489

Phone: (315) 986-5812

State Person with the Requisite Involvement in the Entity: Assemblyman Robert C. Oaks

Last name: Oaks First name: Robert

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

Public Office Address: 10 Leach Rd.

City: Lyons State: NY ZIP code: 14489

Phone: (315) 946-5166

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

Description of Business Relationship(s): A NYIA board member, Jeff Rice, is president of Wayne Cooperative Insurance Co. Wayne Cooperative receives some of its insurance business through the Robert Oaks Agency.

Compensation (Actual or Anticipated): $ 7,347 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 7,347 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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:** ○

Continued on next page

## 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: B.E.L. Associates

Entity Address: 1717 State Street

City: Watertown State: NY ZIP code: 13601

Phone: (315) 788-4525

State Person with the Requisite Involvement in the Entity: Assemblyman Kenneth Blankenbu

Last name: Blankenbush First name: Kenneth

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

Public Office Address: 15 Bridge

City: West Carthage State: NY ZIP code: 13619

Phone: (315) 493-3909

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

Description of Business Relationship(s): A NYIA board member, Jeff Rice, is president of Wayne Cooperative Insurance Co. Wayne Cooperative receives some of its insurance business through B.E.L Associates

Compensation (Actual or Anticipated): $ 5,906.00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 5,906.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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:

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:

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: Crouch State Person First Name: Clifford

Agency or Legislative Body of Employment: New York Assemblyman

Public Office Address: 1 Kattelville Road, Suite 1

City: Binghamton State: NY ZIP code: 13901

Phone: (607) 648-6080

Description of Business Relationship(s): A NYIA board member, Steven Coffey is president of Broome Cooperative Insurance Co. Broome Co-operative has on it's board of directors Assemblyman Clifford Crouch.

Compensation (Actual or Anticipated): $ 1,147 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 1,147.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2012

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

**Check here if using addendum sheet for additional State Person(s):** O

## 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:** Ellen Melchionni, President **DATE:** 1-14-15

**PRINT NAME: LAST** Melchionni **FIRST** Ellen

Mark One: ● Chief Administrative Officer O Designee(Attach Letter)