

OSC Use Only:

Reporting Code:

Category Code:

Date Contract Approved:

FORM A

**State Consultant Services - Contractor's Planned Employment
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Dept. of Financial Services

Agency Code: 37000

Contractor Name: *Weil, Gotshal & Manges LLP*Contract #: *C000575*Contract Start Date: *11/15/2024*Contract End Date: *11/14/2025*

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
<i>23-1011.00 - Lawyers</i>	<i>5</i>	<i>average, in the aggregate, 25-50 hours per week</i>	<i>\$75,000</i>
Total this page			<i>\$75,000</i>
Grand Total			<i>\$75,000</i>

Name of person who prepared this report: *Kelly DiBlasi*Title: *Partner*Phone #: *212-310-8032*Preparer's Signature: *Kelly DiBlasi*Date Prepared: *11/25/2024*

(Use additional pages, if necessary)