

# 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: January - July 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JUL 16 2018

## II Client Information

Name: New York City College of Technology

Permanent Business Address: 300 Jay Street, N-319

City: Brooklyn

State: NY

ZIP code: 11201

Phone: 718.260.5400

## 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:

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):

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 Relationship(s) with different Entity/Entities: ☐

## 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: Blackman

State Person First Name: Duane

Agency or Legislative Body of Employment: New York City College Of Technology

Public Office Address: 300 Jay Street

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Blackman is an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Spring 2018 Semester.

Compensation (Actual or Anticipated): \$ 4872 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 4872 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018

## 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: Scheininger

State Person First Name: Pamela

Agency or Legislative Body of Employment: New York City College Of Technology

Public Office Address: 300 Jay Street

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Scheininger is an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Spring 2018 Semester.

Compensation (Actual or Anticipated): \$ 10,119 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 10,119 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018

Office of Court  
Administration -  
Family Court



#### 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: Moses

State Person First Name: Herbert

Agency or Legislative Body of Employment: New York City College Of Technology

Public Office Address:

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Moses was an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Spring 2018 Semester.

Compensation (Actual or Anticipated): \$ 3600 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 3600 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018

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:

*Russell Hotzler*

DATE:

*6/28/2018*

PRINT NAME: LAST

*Hotzler*

FIRST

*Russell*

Mark One:

☒

Chief Administrative Officer

☐

Designee (Attach Letter)

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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## I Reporting Information

Year: January - July 2017

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JUL 17 2017

D

## II Client Information

Name: New York City College of Technology - CUNY

Permanent Business Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

## 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:

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):

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 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: Moses

State Person First Name: Herbert

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Moses is an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Sprint SP 17 semester.

Compensation (Actual or Anticipated): \$ 3600 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$3600 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2017

End date of Business Relationship (Actual or Anticipated) if applicable: Month: May Year: 2017

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:

DATE:

6/26/2017

PRINT NAME: LAST

Hoteler

FIRST

Russell

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.

### 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: Blackman

State Person First Name: Duane

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Blackman is an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Sprint SP 17 semester.

Compensation (Actual or Anticipated): \$ 1200 .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 1200 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2017

End date of Business Relationship (Actual or Anticipated) if applicable: Month: June Year: 2017

## 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: Scheininger

State Person First Name: pamela

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street, Namm: 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

Description of Business Relationship(s): Justice Scheininger is an Adjunct Professor in the Department of Law & Paralegal Studies at New York City College of Technology during the Sprint SP 17 semester.

Compensation (Actual or Anticipated): \$ 4273 .00

Expenses (Actual or Anticipated): \$ \_\_\_\_ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 4273 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2017

End date of Business Relationship (Actual or Anticipated) if applicable: Month: June Year: 2017



# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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## II Client Information

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Permanent Business Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone:

## 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:

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):

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 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: Moses

State Person First Name: Herbert

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street

City: Brooklyn

State: NY

ZIP code: 11201

Phone: 718.260.5400

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$3799 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018

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:

*Russ Hotzler*

DATE:

01/03/2018

PRINT NAME: LAST

Hotzler

FIRST

Russ

Mark One:



Chief Administrative Officer



Designee (Attach Letter)

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State Person Last Name: Scheininger

State Person First Name: pamela

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone: 718.260.5400

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 10,119 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018



## Designated Addendum Sheet for Sections III and IV

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**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: Blackman

State Person First Name: Duane

Agency or Legislative Body of Employment: New York City College of Technology - CUNY

Public Office Address: 300 Jay Street, Namm 319

City: Brooklyn

State: NY

ZIP code: 11201

Phone: 718.260.5400

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ .00

Expenses (Actual or Anticipated): \$ .00

Total Compensation and Expenses (Actual or Anticipated): \$ 4872 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Year: 2018