9

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

Year: January - July 2018				JUL 1
Fill in circle if amendment				5.
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Il Client Information		ALSO CA		E HOLL
Name: New York City College of Technology		9.		Same a limit de la lace de la lace
Permanent Business Address: 300 Jay Street, N-319	9			
City: Brooklyn	State: NY		ZIP code: 11201	
Phone: 718.260.5400	N.			t to
Business Relationship with an En	tity		a marking	[124]) Asi
Instructions: Fill out this section <i>only</i> if the Relatio and fill out Section IV.	onship is with an Entity. If the R	Relationship is v	vith a State Person, sk	ip this section
Entity Name:				. Y
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 E	mployment:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for addit	tional State Person(s) with t	he Requisite	nvolvement in the	Entity:
Description of Business Relationship(s):				
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or A	Anticipated):	\$		00
				8
Beginning date of Business Relationship (Actua	al or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or Ar		Month:	Year:	
Check here if using addendum sheet for addit	ional Relationship(s) with o	different Entity	/Entities:	0

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V	Business R	elationsh	nip with a	State I	erson
	DUSING 33 K	CIGIIOII3I	IIP WIIII A	JIGIC I	CISCI

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

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

structions: Fill out this section o*nly* 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):

5

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 10,119

.00

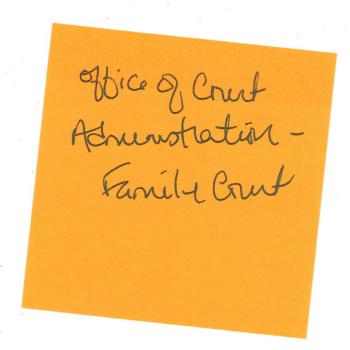
Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May



State Person Last Name: Moses	State P	erson First Nan	ne: Herbert	
Agency or Legislative Body of Employment: N	lew York City College Of Te	echnology		
Public Office Address:			9 2	
City: Brooklyn	State: N	IY	ZIP code: 11201	
Phone:		e		
Description of Business Relationship(s):Justice M	Moses was an Adjunct Prof	essor in the Depar	tment of Law & Paralegal Stu	diaca
1 ()		esso. III the Bepai	tillent of Law & Landiegal Stat	uies a
		esser iii ane sepai	there of Law & Faralegal State	uies a
			then of Law & Furdicipal State	uies a
			then of Law & Furdicipal State	uies a
lew York City College of Technology during the Sprir		.00	then of Law & Furdicgui State	uies a
lew York City College of Technology during the Sprin	ng 2018 Semester.		tillene of Eaw & Furdicipal State	ules
New York City College of Technology during the Sprin Compensation (Actual or Anticipated): Expenses (Actual or Anticipated): Total Compensation and Expenses (Actual or	\$ 3600	.00 .00	3600 . 00	ules
New York City College of Technology during the Sprin Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ 3600	.00 .00		luies a
New York City College of Technology during the Sprin Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ 3600 \$ Anticipated):	.00 .00	3600 .00]

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.

SIGNATURE:

(Cum Moto Cum

DATE:

6/23/2013

PRINT NAME: LAST

HOTELER

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

FIRST Lassall

O Designee(Attach Letter)

Mark One:

Chief Administrative Officer

Print Form

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

Year: January - July 2017			£ 5	
Fill in circle if amendment			JCOPE" R	ground.
			"JC(seems .
Il Client Information		The second second second		
Name: New York City College of Technology - CUNY		2		
Permanent Business Address: 300 Jay Street, Nami	m 319			
City: Brooklyn	State: NY		ZIP code: 11201	
Phone:				
III Business Relationship with an En	tity			
Instructions: Fill out this section only if the Relatio and fill out Section IV.	onship is with an Entity. If the	Relationship is with	a State Person, skip th	is section
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 E	mployment:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for additi	ional State Person(s) with	the Requisite Invo	olvement in the Entit	y: 0
Description of Business Relationship(s):				
			8	
Compensation (Actual or Anticipated):	\$.00		.
Expenses (Actual or Anticipated):	\$.00	2	
Total Compensation and Expenses (Actual or A	Anticipatea):	\$.00	
Beginning date of Business Relationship (Actua	l or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or An	ticipated) if applicable:	Month:	Year:	
Check here if using addendum sheet for additi	onal Relationship(s) with o	different Entity/Ent		0

0

Business Relationship with a State Person 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 First Name: Herbert State Person Last Name: Moses 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): .00 \$ 3600 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

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.

SIGNATURE:

DATE:

6/26/2017

PRINT NAME: LAST

HOTELER

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

FIRST Russell

Mark One:

Chief Administrative Officer

O Designee(Attach Letter)

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):

Ś

.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

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

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2017

.00

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

Month: June

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

rear: January 2018				
Fill in circle if amendment			"JCOPE" Rec	'd
* ,			JAN 1 2 201	0
		9 41	JAIN T & ZUI	0
II Client Information				
Name: New York City College of Technology				
Permanent Business Address: 300 Jay Street, Namr	n 319	16		
City: Brooklyn	State: NY		ZIP code: 11201	
Phone:				
III Business Relationship with an Entine Instructions: Fill out this section only if the Relation and fill out Section IV.	iffy nship is with an Entity. If the	Relationship is w	ith a State Person, skip this se	ction
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 E	mployment:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for addit	ional State Person(s) with	the Requisite In	nvolvement in the Entity:	0
Description of Business Relationship(s):				
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or A	Anticipated):	\$.00	
Beginning date of Business Relationship (Actua	l or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or Ar		Month:	Year:	
Check here if using addendum sheet for additi				

V Business Relationship with a State I	Person		Annahira Santana
nstructions: Fill out this section only if the Relationshi and fill out Section III.		. If the Relationship is w	ith an Entity, skip this
State Person Last Name: Moses	State Perso	on First Name: Herbert	
Agency or Legislative Body of Employment: New Yo	ork City College of Techn	ology - CUNY	
Public Office Address: 300 Jay Street			
City: Brooklyn	State: NY	tate: NY ZIP code: 11201	
Phone: 718.260.5400			
Description of Business Relationship(s):	Δ.		
Compensation (Actual or Anticipated):	\$.00	
Expenses (Actual or Anticipated):	\$.00	
Total Compensation and Expenses (Actual or Antio	cipated):	\$ 3799	.00
Beginning date of Business Relationship (Actual or	Anticipated):	Month: January	Year : 2018
End date of Business Relationship (Actual or Antici	pated) if applicable:	Month: May	Year: 2018
		*	· .
Check here if using addendum sheet for additiona	al 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.

SIGNATURE:

DATE:

01/03/2018

PRINT NAME: LAST

HotzLER

FIDCT

Mark One:

Chief Administrative Officer

O Designee(Attach Letter)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

W Business Relationship with a State Person 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 First Name:Pamela State Person Last Name: Scheininger 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): .00 \$ 10,119

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month: May

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Business Relationship with a State Person

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