Question 4(a) – Amendment Form

4. **(a)** List any office, trusteeship, directorship, partnership, or position of any nature, whether compensated or not, held by the reporting individual with any firm, corporation, association, partnership, or other organization other than the State of New York. Include compensated honorary positions; do NOT list membership or uncompensated honorary positions. If the listed entity was licensed by anystate or local agency, was regulated by any state regulatory agency or local agency, or, as a regular and significant part of the business or activity of said entity, did business with, or had matters other than ministerial matters before, any state or local agency, list the name of any such agency.

NONE/NA ☐

Position	Organization	State or Local Agency

Employee Details	
Name	
Title of position	
Address of present office	
Signature of reporting individual	*Date*