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: July 1, 2015-December 31, 2015

Fill in circle if amendment ○

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JAN 15 2016
HAND DELIVERED

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th Street

City: New York State: NY ZIP code: 10019

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: Kucharski | State Person First Name: Longin

Agency or Legislative Body of Employment: Mental Hygiene Legal Services

Public Office Address: 286 Washington Ave

City: Albany | State: NY | ZIP code: 12203

Phone: 518 451 8710

Description of Business Relationship(s): PUBLISHING BOOKS AND RECEIVING ROYALTIES PER BOOK.

As licensed psychologist I provide expert evaluation and testimony for MHLS and NYS Courts

Compensation (Actual or Anticipated): $ 0 .00

Expenses (Actual or Anticipated): $ 0 .00

Total Compensation and Expenses (Actual or Anticipated): $ 20,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** JAN **Year:** 2015

End date of Business Relationship (Actual or Anticipated) *if applicable:* **Month:** Dec **Year:** 2015

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: [signature] **DATE:** 12/16/2015

PRINT NAME: LAST ~~Zakiruva~~ TRAVIS **FIRST** ~~Hinar~~ Jeremy

Mark One: ○ Chief Administrative Officer ○ Designee(Attach Letter)

Print Form

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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: ○

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: Rhatigan | State Person First Name: Catrina

Agency or Legislative Body of Employment: Nassau County Police Department

Public Office Address: 1490 Franklin Ave

City: Mineola | State: NY | ZIP code:

Phone: 516-573-7000

Description of Business Relationship(s): Employee

Compensation (Actual or Anticipated):	$ 121,000	.00
Expenses (Actual or Anticipated):	$	.00
Total Compensation and Expenses (Actual or Anticipated):	$121,000	.00

Beginning date of Business Relationship (Actual or Anticipated):	**Month:** March	**Year:** 2008
End date of Business Relationship (Actual or Anticipated) *if applicable:*	**Month:** Unknown	**Year:**

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: [signature] **DATE:** 12/23/15

PRINT NAME: LAST TRAVIS **FIRST** Jeremy

Mark One: ○ Chief Administrative Officer ○ Designee(Attach Letter)

Print Form

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: 7/1/15 - 12/31/15

Fill in circle if amendment ○

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JAN 15 2016
HAND DELIVERED

II Client Information

Name: John Jay College / CUNY

Permanent Business Address: 524 West 59 St

City: New York State: NY ZIP code: 10019

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: ○

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: Feldman

State Person First Name: Daniel

Agency or Legislative Body of Employment: Office of the New York State Comptroller

Public Office Address: 110 State Street

City: Albany

State: New York

ZIP code: 12236

Phone: 518-486-9840

Description of Business Relationship(s): I perform legal work for the Comptroller one day a week

Compensation (Actual or Anticipated): $ 13,000 .00

Expenses (Actual or Anticipated): $ 2,000 .00

Total Compensation and Expenses (Actual or Anticipated): $ 15,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** July **Year:** 2015

End date of Business Relationship (Actual or Anticipated) *if applicable*: **Month:** December **Year:** 2015

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

V Declaration

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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: [signature] **DATE:** 12/23/15

PRINT NAME: LAST TRAVIS **FIRST** Jeremy

Mark One: ○ Chief Administrative Officer ○ Designee(Attach Letter)

NYSTATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

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"JCOPE" Rec'd

JAN 15 2016

II Client Information

Name: John Jay College CUNY

Permanent Business Address: 524 West 58th Street

City: NY State: NY ZIP code: 10019

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: ○

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: Waithe | State Person First Name: Timyiaka

Agency or Legislative Body of Employment: NYS Dept. of Corrections and Community

Public Office Address: 15 2nd Avenue Supervision

City: Brooklyn | State: NY | ZIP code: 11215

Phone: 718 790 9316

Description of Business Relationship(s):

NYS Parole Officer

Compensation (Actual or Anticipated): $ 77,000 .00

Expenses (Actual or Anticipated): $ 5,000 .00

Total Compensation and Expenses (Actual or Anticipated): $ 72,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** Sept. **Year:** 2007

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

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: [signature] **DATE:** 12/23/15

PRINT NAME: LAST TRUIS **FIRST** Jeremy

Mark One: ○ Chief Administrative Officer ○ Designee(Attach Letter)

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City: New York State: NY ZIP code: 10019

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: Corthals State Person First Name: Angelique

Agency or Legislative Body of Employment: SUNY Stony Brook Medical School

Public Office Address: Stony Brook Medical School 101 Nicolls Road

City: Stony Brook State: NY ZIP code: 11794

Phone: 631 444 3000

Description of Business Relationship(s):

1 day per week I work for Stony Brook Bio Bank

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 18,600.00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** 9 **Year:** 2014

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

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.)**

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PRINT NAME: LAST TRAVIS **FIRST** Jeremy

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II Client Information

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City: New York | State: NY | ZIP code: 10019

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: ○

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: Rubin | State Person First Name: Marilyn

Agency or Legislative Body of Employment: New York State Assembly Ways and Means Committee

Public Office Address: Capital Building

City: Albany | State: NY | ZIP code:

Phone:

Description of Business Relationship(s): I serve as member of an advisory committee of economists that advise committee

We meet periodically as needed.

Compensation (Actual or Anticipated):	$ 0	.00
Expenses (Actual or Anticipated):	$	.00
Total Compensation and Expenses (Actual or Anticipated):	$0	.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 State Person(s): ○

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PRINT NAME: LAST TRAVIS **FIRST** Jeremy

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Permanent Business Address: 524 WEST 59th STREET

City: NEW YORK State: N.Y. ZIP code: 10019

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: ○

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: GIORDANO State Person First Name: JUSTIN

Agency or Legislative Body of Employment: S.U.N.Y. EMPIRE STATE COLLEGE

Public Office Address: 325 HUDSON STREET

City: NEW YORK State: NY ZIP code: 10013

Phone: 212-647-7800

Description of Business Relationship(s):

I'M A PROFESSOR OF BUSINESS & LAW (FULL TIME FACULTY)

Compensation (Actual or Anticipated): $ 101,000.00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 100,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** SEPT **Year:** 1992

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

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.)**

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X **SIGNATURE:** [signature] **DATE:** 12/23/15

PRINT NAME: LAST TRAVIS **FIRST** Jeremy

Mark One: ○ Chief Administrative Officer ○ Designee (Attach Letter)

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Phone:

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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: ○

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: Aykac | State Person First Name: Ilter

Agency or Legislative Body of Employment: NYPD

Public Office Address: 1 Police Plaza

City: NY | State: NY | ZIP code:

Phone: 631-433-2021

Description of Business Relationship(s): Law Enforcement

Compensation (Actual or Anticipated): $ .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $ 145,000 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** 01 **Year:** 2008

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

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

V Declaration

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PRINT NAME: LAST TRAVIS **FIRST** Jeremy

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