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: 2015

Fill in circle if amendment ○

FOR OFFICE USE ONLY

"JCOPE" Rec'd

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HAND DELIVERED

II Client Information

Name: Queensborough Community College

Permanent Business Address: 222-05 56th Avenue

City: Bayside State: NY ZIP code: 11364

Phone: 718 281-5144

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: Hart

State Person First Name: Ernest

Agency or Legislative Body of Employment: New York City Criminal Court

Public Office Address: 125-01 Queens Boulevard (Central Office)

City: Queens

State: NY

ZIP code: 11415

Phone: 718 298-0792

Description of Business Relationship(s): Ernest Hart taught as an Adjunct Professor at Queensborough Community College from August 2015 through December 2015. This is part-time employment that is contingent on student enrollment numbers.

Compensation (Actual or Anticipated): $ 16,056 .00

Expenses (Actual or Anticipated): $ .00

Total Compensation and Expenses (Actual or Anticipated): $16,056 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** August **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

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:** Liza Larios **DATE:** December 18, 2015

PRINT NAME: LAST Larios **FIRST** Liza

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