

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 2016 - June 2016

Fill in circle if amendment:

FOR OFFICE USE ONLY

HAND DELIVERED

"JCOPE" Rec'd

JUL 13 2016

II Client Information

Name: CUNY John Jay College

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: Aykac State Person First Name: lter

Agency or Legislative Body of Employment: NYPD

Public Office Address: One Police Plaza

City: NY State: NY ZIP code:

Phone:

Description of Business Relationship(s): Law Enforcement

Compensation (Actual or Anticipated):	\$.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):		\$151000 .00

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

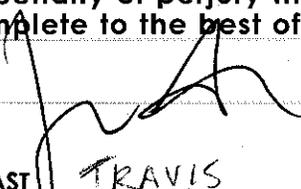
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

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

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: 6/21/16

PRINT NAME: LAST TRAVIS

FIRST Jeremy

Mark One: Chief Administrative Officer Designee (Attach Letter)

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: Gangburn State Person First Name: William
Agency or Legislative Body of Employment: Fashion Institute of Technology (SUNY)
Public Office Address: Seventh Avenue at 27th Street
City: NY State: NY ZIP code: 10001
Phone: 212 217-7999
Description of Business Relationship(s): Adjunct Instructor

Compensation (Actual or Anticipated): \$ 4020 .00
Expenses (Actual or Anticipated): \$.00
Total Compensation and Expenses (Actual or Anticipated): \$ 4020 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: Jan Year: 2016
End date of Business Relationship (Actual or Anticipated) if applicable: Month: May Year: 2016

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: 6/21/16
PRINT NAME: LAST ARRVIS FIRST Jeremy
Mark One: Chief Administrative Officer Designee (Attach Letter)

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: BAXTER State Person First Name: Kim
 Agency or Legislative Body of Employment: NASSAU Community College
 Public Office Address: One Education Drive
 City: GARDEN CITY State: NY ZIP code: 11530-6793
 Phone: 516 572 7501
 Description of Business Relationship(s): Advanced Philosophy Instructor

Compensation (Actual or Anticipated): \$ 3300 .00
 Expenses (Actual or Anticipated): \$.00
 Total Compensation and Expenses (Actual or Anticipated): \$ 3300 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: JAN Year: 2016
 End date of Business Relationship (Actual or Anticipated) if applicable: Month: May Year: 2016

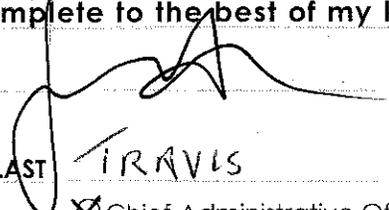
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X SIGNATURE:



DATE:

6/20/16

PRINT NAME: LAST

TRAVIS

FIRST

Jeremy

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

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: 11553

Phone: 516-573-7000

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$ 121,700 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$121,700	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: April Year: 2008

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

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

V Declaration

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X SIGNATURE:



DATE:

4/21/16

PRINT NAME: LAST

TRAVELS

FIRST

Jeremy

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

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: ~~JUSTIN~~ GIORDANO State Person First Name: JUSTIN
Agency or Legislative Body of Employment: EMPIRE STATE COLLEGE / SUNY
Public Office Address: 325 HUDSON STREET
City: NEW YORK State: NY ZIP code: 10013
Phone: 646-230-1246
Description of Business Relationship(s): STATE UNIVERSITY OF N.Y.
POSITION: PROFESSOR OF BUSINESS & LAW (FULL TIME)

Compensation (Actual or Anticipated): \$ 108,000.00
Expenses (Actual or Anticipated): \$.00
Total Compensation and Expenses (Actual or Anticipated): \$ 108,000.00

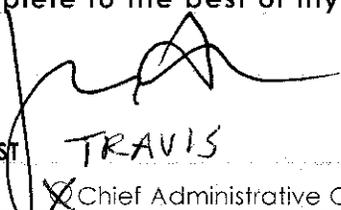
Beginning date of Business Relationship (Actual or Anticipated): Month: 9 Year: 1992
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:
STILL EMPLOYED

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

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X SIGNATURE:  DATE: 6/21/16
PRINT NAME: LAST TRAVIS FIRST Jeremy
Mark One: Chief Administrative Officer Designee (Attach Letter)

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: Bryant

State Person First Name: Gerard

Agency or Legislative Body of Employment: NYC Board of Correction

Public Office Address: 1 Centre St. Room 2213

City: New York

State: NY

ZIP code: 10007

Phone: 212-669-7900

Description of Business Relationship(s): Board Member

Compensation (Actual or Anticipated): \$ 0 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 0 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2016

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

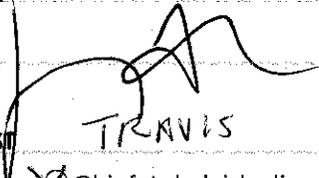
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DATE:

6/21/16

PRINT NAME: LAST

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Jeremy

Mark One:

Chief Administrative Officer

Designee (Attach Letter)