

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

RECEIVED JUL 10 2015

II Client Information

Name: GONZALEZ SAGGIO & HARLAN LLP

Permanent Business Address: 111 E. Wisconsin Avenue, Suite 1000

City: Milwaukee State: WI ZIP code: 53202

Phone: 414-277-8500

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:

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: Quart State Person First Name: Dan

Agency or Legislative Body of Employment: New York State Assembly

Public Office Address: 353 Lexington Avenue

City: New York State: NY ZIP code: 10016

Phone: 212-605-0937

Description of Business Relationship(s): Mr. Quart is employed as a part-time attorney in civil defense litigation.

Compensation (Actual or Anticipated):	\$ 62,500	.00
Expenses (Actual or Anticipated):	\$ 1970	.00
Total Compensation and Expenses (Actual or Anticipated):	\$64470	.00

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

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: July 8, 2015

PRINT NAME: LAST Gerber FIRST Steven

Mark One: Chief Administrative Officer Designee(Attach Letter)

Designated Addendum Sheet for Sections III and IV

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

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.

III(a) Fill out this section **ONLY** for additional Relationship(s) with different Entity/Entities.

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:

III(b) Fill out this section **ONLY** for additional State Person with the Requisite Involvement in an Entity previously listed.

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:

Continued on next page

Designated Addendum Sheet for Sections III and IV

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

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:

State Person First Name:

Agency or Legislative Body of Employment:

Public Office Address:

City:

State:

ZIP code:

Phone:

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:



VIA FEDERAL EXPRESS – Second Day

July 8, 2015

RECEIVED JUL 10 2015

NYS JCOPE
540 Broadway
Albany, NY 12207
Attn: Client Business Relationship Report

Re: Report by Gonzalez Saggio & Harlan LLP for Period Ending June 30, 2015

Dear Sir/Madam:

Enclosed with this letter please find the original executed NY State Client Business Relationship Form for “client” Gonzalez Saggio & Harlan LLP’s “Business Relationship with a State Person”, dated July 8, 2015.

Kindly acknowledge JCOPE’s receipt of this letter and the original enclosure by date stamping the extra “black & white” copy of this letter with your received stamp, and returning such stamped letter to us in the enclosed, self-addressed envelope.

Thank you in advance for your courtesies.

Very truly yours,

GONZALEZ SAGGIO & HARLAN LLP

By: 
Steven Gerber
Co-Managing Partner

SG:smb
Enclosures (original executed Form,
Copy of letter and postage-paid envelope)

GONZALEZ SAGGIO & HARLAN LLP
Attorneys at Law

www.gshllp.com

Affiliated with Gonzalez, Saggio and Harlan, L.L.C.

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