Print Form

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

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HAND DELIVERED

II Client Information

Name: Jennifer N. James

Permanent Business Address: 1650 Bedford Avenue, Suite 3005C

City: Brooklyn | State: NY | ZIP code: 11225

Phone: 718-270-5083

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: Atlantic Yards Community Development Corporation

Entity Address: Atlantic Yards Project, 633 Third Avenue - 37th Floor

City: New York | State: NY | ZIP code: 10017

Phone:

State Person with the Requisite Involvement in the Entity:

Last name: James | First name: Jennifer

State Person's Agency or Legislative Body of Employment: CUNY - Medgar Evers College

Public Office Address: 1650 Bedford Avenue

City: Brooklyn | State: NY | ZIP code: 11225

Phone: 718-270-5083

Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: ○

Description of Business Relationship(s):

I will serve as a Director to the Atlantic Yards Community Development Corporation ,as a direct appointment by the Governor.

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:** June 22 **Year:** 2015

End date of Business Relationship (Actual or Anticipated) *if applicable*: **Month:** June **Year:** 2018

ted): $ .00

$ .00

(Actual or Anticipated): $ .00

nship (Actual or Anticipated): **Month:** **Year:**

Actual or Anticipated) *if applicable*: **Month:** **Year:**

Compensation (Actual or Anticipa

Expenses (Actual or Anticipated):

Total Compensation and Expenses

Beginning date of Business Relatior

End date of Business Relationship (

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

ANDREW M. CUOMO
GOVERNOR

Ms. Jennifer N. James
175 Adams Street, Apt 14E
Brooklyn, New York 11201

Dear Ms. James:

Pursuant to Section 2.1 of the By-Laws of the Atlantic Yards Community Development Corporation, I have today appointed you as Director of the Corporation for a term to expire three years from the date of appointment.

I am gratified you have accepted this appointment and I am confident you will serve the people of New York State with dedication and distinction.

Sincerely,

ATTEST: State of New York

Dated: June 22, 2015

By: Sandra J. Tallman
Special Deputy Secretary of State

STATE OF NEW YORK
EXECUTIVE CHAMBER
ALBANY 12224

ANDREW M. CUOMO
GOVERNOR

Ms. Jennifer N. James
175 Adams Street, Apt 14E
Brooklyn, New York 11201

Dear Ms. James:

I would like to add my best wishes to those of Governor Cuomo on the occasion of your appointment as Director of the Atlantic Yards Community Development Corporation, for a term to expire three years from the date of appointment.

Enclosed please find your commission, a form for your Oath of Office and Public Officers Law §73 Certificate. State officers are required by law to take an oath of office. The enclosed form of your oath of office can be administered by any officer empowered by law to do so in this State (i.e. Notary Public). The form also includes a Public Officers Law §78 Certificate which must be separately signed. The completed form must be filed with the **Department of State, Division of Corporations, State Records and Uniform Commercial Code, Attn. Linda Lasch, 6th floor, One Commerce Plaza, Albany, New York 12231.** Please find a return envelope enclosed for your convenience. New York State Public Officers Law provides that failure to file your oath of office within thirty days after the mailing of this notice of appointment will result in the office to which you were appointed becoming vacant. You may not perform the duties required of your office until your oath is filed.

Please contact the Governor's Appointments Office at (518) 474-0491 if there is any further information you need.

Sincerely,

William J. Mulrow

Dated: June 22, 2015

William J. Mulrow
Secretary to the Governor

PUBLIC OFFICER
OATH/AFFIRMATION

Name of Appointee: James (*Last Name*) Jennifer (*First Name*) N. (*Middle Initial*)

STATE OF NEW YORK)
) ss:
COUNTY OF)

Insert the name of the County within New York State in which this Oath is being executed. Please note that ss: does not stand for "social security." The appointee's social security number should NOT be inserted anywhere on this form.

I do solemnly swear (or affirm) that I will support the constitution of the United States, and the constitution of the State of New York, and that I will faithfully discharge the duties of the office of

Title of Position:

Director

Agency Name:

Atlantic Yards Community Development Corporation

Agency Code: _____

according to the best of my ability.

(*Signature of Appointee*) Jennifer N Jen

Sworn (or affirmed) before me this 30th

day of June, in the year, 2015

Notary Public Pauline L. Monsanto

PAULINE L. MONSANTO
Notary Public, State of New York
No. 01MO6166298
Qualified in New York County
Commission Expires May 21, ~~2011~~ 2019

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PUBLIC OFFICERS LAW §78 CERTIFICATE

I, the Appointee named above, hereby acknowledge receipt of a copy of sections 73, 73-a, 74, 75, 76, 77 and 78 of the Public Officers Law, together with such other material related thereto as may have been prepared by the Secretary of State, and I acknowledge that I have read the same and that I undertake to conform to the provisions, purposes and intent thereof and to the norms of conduct for members, officers and employees of the legislature and state agencies.

(*Signature of Appointee*) (*Date*)

(Appointee must sign both the Public Officer Oath/Affirmation and the Public Officer's Law §78 Certificate)

DOS-1750 (Rev. 02/09)

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Office of Government Relations
111 Washington Avenue – Suite 605
Albany, New York 12210
Phone: 518-463-2177
Fax: 518-463-2170

MEMORANDUM

TO: **New York State Joint Commission on Public Ethics**

FROM: **Eileen Goldmann, Director**

DATE: **July 6, 2015**

SUBJECT: **Business Relationship Reporting**

Enclosed are the business relationship forms for Jennifer James, Director of Government Relations for Medgar Evers. Governor Cuomo appointed her as Director of Atlantic Yards Community Development Corporation.