

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 *Jan 1 - June 30*
 Fill in circle if amendment

FOR OFFICE USE ONLY

HAND DELIVERED
 RECEIVED JUL 15 2015

II Client Information

Name: John Jay College of Criminal Justice
 Permanent Business Address: 524 West 59 Street
 City: New York State: New York 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:

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:

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 do legal work for the Retirement Division of the Comptroller's Office one day a week.

Compensation (Actual or Anticipated): \$ about \$30,000/yr. .00

Expenses (Actual or Anticipated): \$ about \$2400/yr. .00

Total Compensation and Expenses (Actual or Anticipated): \$32,400 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: October Year: 2007

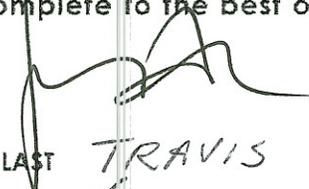
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

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: 

DATE: 6/22/15

PRINT NAME: LAST TRAVIS

FIRST Jeremy TRAVIS

Mark One: Chief Administrative Officer

Designee(Attach Letter)

Designated Addendum Sheet for Sections III and IV

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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:

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:

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Permanent Business Address: 524 West 59th Street

City: New York State: NY ZIP code: 10019

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:

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:

IV 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: Koetzle State Person First Name: Deborah
Agency or Legislative Body of Employment: City of New York Department of Probation
Public Office Address: 1 Centre Street
City: New York State: NY ZIP code: 10007
Phone:
Description of Business Relationship(s): Provided 2 days Train the Trainers training on the YLS/CMI

Compensation (Actual or Anticipated):	\$ 2400	.00		
Expenses (Actual or Anticipated):	\$ 0	.00		
Total Compensation and Expenses (Actual or Anticipated):		<table border="1"><tr><td>\$2400</td><td>.00</td></tr></table>	\$2400	.00
\$2400	.00			

Beginning date of Business Relationship (Actual or Anticipated): Month: March Year: 2014
End date of Business Relationship (Actual or Anticipated) if applicable: Month: March Year: 2014

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: 6-23-2015

PRINT NAME: LAST

~~TRAVIS~~ TRAVIS

FIRST

~~Deborah~~ Jeremy

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

Designated Addendum Sheet for Sections III and IV

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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:

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:**

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I Reporting Information

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II Client Information

Name: John Jay College / CUNY
Permanent Business Address: 524 West 59th 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:

Designated Addendum Sheet for Sections III and IV

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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:

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: ARIAS State Person First Name: Kevin
Agency or Legislative Body of Employment: NYPD
Public Office Address: One Police Plaza
City: NY State: NY ZIP code: 10003
Phone:
Description of Business Relationship(s): Detective Investigator

Compensation (Actual or Anticipated): \$.00
Expenses (Actual or Anticipated): \$.00
Total Compensation and Expenses (Actual or Anticipated): \$ 82,000 .00 per yr

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:

PRINT NAME: LAST

FIRST

Mark One:

Chief Administrative Officer

Designee(Attach Letter)

Designated Addendum Sheet for Sections III and IV

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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: _____ 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:**

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I Reporting Information

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Fill in circle if amendment

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II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th Street

City: New York

State: NY

ZIP code: 10019

Phone: (212) 237-5000

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: Amatore State Person First Name: Bridget
Agency or Legislative Body of Employment: Workers' Compensation Board
Public Office Address: 328 State St. City: Schenectady State: NY ZIP code: 12305
Phone: 1-877-632-4996

Description of Business Relationship(s):
Chairperson: Psychology Practice Committee
* Per Diem employee

Compensation (Actual or Anticipated): ✓ \$ 315.00 .00
Expenses (Actual or Anticipated): \$.00
Total Compensation and Expenses (Actual or Anticipated): Not known \$ 315.00

Beginning date of Business Relationship (Actual or Anticipated): Month: 03 Year: 1991
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: 6/22/95
PRINT NAME: LAST TRAVIS FIRST Jeremy
Mark One: Chief Administrative Officer Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: JAN 1 - June 30 2015

Fill in circle if amendment

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II Client Information

Name: John Jay College / County

Permanent Business Address: 524 West 59th St

City: NY

State: NY

ZIP code: 10019

Phone: 631 557 4832

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: CORTHALS State Person First Name: Angelique
Agency or Legislative Body of Employment: SUNY Stony Brook Medical School - Dept Pathology
Public Office Address: SUNY Stony Brook Medical School 101 Nicolls Rd -
City: STONY BROOK State: NY ZIP code: 11794
Phone: 631 444 3000
Description of Business Relationship(s):
EXTRA Service as Scientific Director of the BioBANK

Compensation (Actual or Anticipated): \$ 18,600 .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: Sept 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.)

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: 4/22/15

PRINT NAME: LAST TRAVIS FIRST Jeremy

Mark One: Chief Administrative Officer Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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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:

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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:

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:

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: New York State: New York 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): \$.00

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

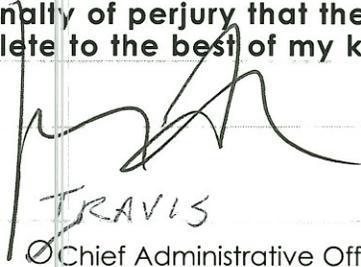
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I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:



DATE:

6/22/15

PRINT NAME: LAST

TRAVIS

FIRST

Jeremy

Mark One:

Chief Administrative Officer

Designee(Attach Letter)

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IV Business Relationship with a State Person

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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: