

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Warning: Instructions: Please type or use blue or black ink pen.
 Completely fill in each circle.
 Print legible numbers and block letters, no script.

I Reporting Information

Year: 2014

Fill in circle if amendment

FOR OFFICE USE ONLY

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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:

IV Business Relationship with a State Person

Instructions: Fill out this section on all the relationships 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 Address)

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 2014 to December 2014. This is part-time employment that is contingent on student enrollment numbers.

Compensation (Actual or Anticipated):	\$ 16,055.97	.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):	\$16,055.97	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable: Month: December 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: *Liza Larios* DATE: 12/30/2014

PRINT NAME: LAST LARIOS FIRST LIZA

Mark One: Chief Administrative Officer Designee (Attach Letter)