RCVD 7/16/18

FOR OFFICE USE ONLY

# NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type of use blue or black ink pen.

Completely fill in one circle.

**Reporting Information** 

Fill in circle if amendment O

Year: 2018

Print legible numbers and block letters, no script.

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Il Client Information								
Name: Albany Law School of Union University	NOTE THAT SECURITY CONSTRUCTION OF STREET	THE THE STATE OF T	and one and the district tendence additions and conservations.					
Permanent Business Address: 80 New Scotland Ave					· ·			1
Cíty: Albany,	4	State: NY		Z	IP code	: 12208		·
Phone:								j
	V							
nstructions: Fill out this section only if the Relations and fill out Section IV.	hip is with	an Entity. If the I	Relationship	o is with c	state P	erson, s	kip this s	ection
Entity Name:								
Entity Address:							•	
City:		State:			ZIP code	∋:	•	
Phone:								
State Person with the Requisite Involvement in th	e Entity:				•			
Last name:		First name:		•				
State Person's Agency or Legislative Body of Emp	płoyment	•	•					
Public Office Address:								
City:		State:		7	ZIP code	∋:		
Phone:							•	
Check here if using addendum sheet for addition	nal State	Person(s) with	the Requi	site Invo	lvemen	t in the	Entity:	0
Description of Business Relationship(s):								
		٠						
Compensation (Actual or Anticipated):	\$		.00					
Expenses (Actual or Anticipated):	\$		.00					
Total Compensation and Expenses (Actual or Ar	nticipated	1):		\$			.00	
Beginning date of Business Relationship (Actual of	or Anticio	ated):	Month:		,	rear:		
End date of Business Relationship (Actual or Anti-			Month:			fear:		]
Check here if using addendum sheet for addition				ntity/Ent				0
		1 (1)					<del></del>	

ate Person Last Name: Alpern	State Person First Name: Matthew		
gency of Legislative Body of Employment: N	YS Office of Indigent Leg	al Services	
ublic Office Address: 80 South Swan Street #144	7		
ity: Albany	State: i	NY Z	(IP code: <b>12210</b>
hone: 518-486-2028			
escription of Business Relationship(s):Adjunct	Professor or Spring Seme	ster 2018	
		4	
Compensation (Actual or Anticipated):	\$ 4,800	.00	
xpenses (Actual or Anticipated):	<b>\$</b> 0	.00	NON-NIKASSITANDA AND ATTENTIONEN SIKUNDA AND AND AND AND AND AND AND AND AND
otal Compensation and Expenses (Actual or	Anticipated):	\$4,800	
eginning date of Business Relationship (Actu	Month: 01	<b>Year</b> : 2018	
nd date of Business Relationship (Actual or A	nticipated) if applica	ble: Month:06	Year: 2018

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:

7/16/2018

**PRINT NAME: LAST** Ouellette

FIRST Alicia

Mark One:

**∞** Chief Administrative Officer

O Designee(Attach Letter)

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 Entit					enterna e e e e e e e e e e e e e e e e e e e
instructions: Fill out this section only if the Relations and fill out Section IV.					skip inis section
III(a) Fill out this section ONLY for additional	Relationship	i(s) with differen	l Entity/Entitles		
Entity Name:					
Entity Address:	•	٠.			
City:		State:		ZIP code:	·
Phone:	•				
State Person with the Requisite Involvement in th	e Entity:	•			•
Last name:		First name:			
State Person's Agency or Legislative Body of Emp	ployment:	•			
Public Office Address:		*			
City:		State:		ZIP code:	
Phone:			•		
Check here if using addendum sheet for addition	nal State Pe	erson(s) with th	e Requisite Ir	nvolvement in th	e Entity: 🔘
Description of Business Relationship(s):					
Compensation (Actual or Anticipated):	\$		.00		*
Expenses (Actual or Anticipated):	\$		.00		edestificanisti wa saya (fishing
Total Compensation and Expenses (Actual or Ar	rticipated):		\$	niment semilat katawa dinin manu dinambili shikatiya il semilat shikatiya il	.00
Beginning date of Business Relationship (Actual o	or Anticipat	ted):	Month:	Year:	
End date of Business Relationship (Actual or Anti-	cipated) if	applicable:	Month:	Year:	
III(b) Fill out this section ONLY for additional	State Person	with the Requis	ite involvemen	it in an Entity previ	ously listed.
Entity Name:					
Entity Address:	•			•	
City:		State:	•	ZIP code:	
Phone:					
State Person with the Requisite Involvement in th	e Entity:				
Last name:		First name:			
State Person's Agency or Legislative Body of Emp	oloyment:				
Public Office Address:					
City:		State:		ZIP code:	
Phone:					

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

IV Business Relationship with a State Person

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: Dague

State Person First Name C. Harris

Agency or Legislative Body of Employment: NYS Office of the Attorney General

Public Office Address: 99 Washington Avenue #1750

City: Albany

State: NY

ZIP code: 12210

Phone: 800-771-7755

Description of Business Relationship(s): Adjunct Professor for Spring 2018 Semester

Compensation (Actual or Anticipated):

\$ 2000

.00

Expenses (Actual or Anticipated):

.00

Total Compensation and Expenses (Actual or Anticipated):

2000

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 01

Year:

2018

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

Month: 06

Year:

2018

## V Business Relationship with a State Person

State Person Last Name: Deyo

Michael

Agency or Legislative Body of Employment: NYS Police

Public Office Address: 1220 Washington Ave., Bldg 22

City: Albany

State: NY

ZIP code: 12226

Phone: 518-486-2028

Description of Business Relationship(s): Adjunct Professor for Spring 2018 Semester

Compensation (Actual or Anticipated):

\$ 6,300

.00

Expenses (Actual or Anticipated):

\$ <sub>0</sub>

.00

Total Compensation and Expenses (Actual or Anticipated):

6,300

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 01

Year:

2018

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

Month: 06

# IV Business Relationship with a State Person

State Person Last Name: Jim

Louis

Agency or Legislative Body of Employment: NYS Office of the Attorney General

Public Office Address: 99 Washington Ave., #1750

City: Albany

State: NY

ZIP code: 12210

Phone: 800-771-7755

Description of Business Relationship(s): Adjunct Professor for Spring 2018 semester

Compensation (Actual or Anticipated):

\$ 2,000

.00

Expenses (Actual or Anticipated):

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 2,000 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 01

Year: 2018

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

Month: 06

Year:

2018

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

IV Business Relationship with a State Person.

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: Sprotbery

State Person First Name: Kent B.

Agency or Legislative Body of Employment: NYS Office of the Attorney General

Public Office Address:

99 Washington Ave. #1750

City: Albany

State: NY

ZIP code: 12210

Phone: 800-771-7755

Description of Business Relationship(s): Adjunct Professor for Spring 2018 Semester

Compensation (Actual or Anticipated):

\$ 4.800

.00

Expenses (Actual or Anticipated):

\$ <sub>0</sub>

.00

Total Compensation and Expenses (Actual or Anticipated):

\$4,800

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 01

Year: 2018

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

Month: 06

Year:

2018

# 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.

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Year: 2018

Fill in circle if amendment O

FOR OFFICE USE ONLY

Secid Jan. 15, 2019

# II Client Information

Name: Albany Law School of Union University

Permanent Business Address: 80 New Scotland Avenue

City: Albany State: NY ZIP code: 12208

Phone: 518-445-2380

nstructions:	Relationship with an Ent Fill out this section only if the Relation and fill out Section IV.	ity nship is with an Entity. I	f the Relationship is with	n a State Person, skip th	is section
Entity Name:					
Entity Address:	:				
City:		State:		ZIP code:	
Phone:					
State Person w	vith the Requisite Involvement in	the Entity:			
Last name:		First nar	me:		
State Person's	Agency or Legislative Body of Er	nployment:			
Public Office A	Address:				
City:		State:		ZIP code:	
Phone:					
Check here if	using addendum sheet for additi	onal State Person(s)	with the Requisite Inv	volvement in the Entit	y: O
Description of	Business Relationship(s):				
					- 10
Compensation	n (Actual or Anticipated):	\$	.00		
Expenses (Act	rual or Anticipated):	\$	.00		
Total Compen	nsation and Expenses (Actual or A	Inticipated):	\$ <sub>0</sub>	.00	
Beginning dat	e of Business Relationship (Actua	l or Anticipated):	Month:	Year:	
End date of Bu	usiness Relationship (Actual or Ar	ticipated) if applica	ble: Month:	Year:	
Check here if	using addendum sheet for additi	onal Relationship(s)	with different Entity/E	ntities:	0
				7	

# Business Relationship with a State Person Fill out this section only if the Relationship is with a State Person. If the Relationship is with an Entity, skip this section nstructions: and fill out Section III. State Person First Name: Matthew State Person Last Name: Alpern Agency or Legislative Body of Employment: NYS Office of Indigent Legal Services Public Office Address: 80 South Swan Street, #1447 ZIP code: 12210 State: NY City: Albany Phone: 518-486-2028 Description of Business Relationship(s): Adjunct professor for Fall 2018 semester Compensation (Actual or Anticipated): \$4,800 .00 .00 Expenses (Actual or Anticipated): \$0 \$4,800 .00 Total Compensation and Expenses (Actual or Anticipated): Year: 2018 Beginning date of Business Relationship (Actual or Anticipated): Month: 07 Year: 2018 Month: 12 End date of Business Relationship (Actual or Anticipated) if applicable: 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.

SIGNATURE:

DATE:

PRINT NAME: LAST Ouellette

**FIRST** Alicia

Mark One:

Chief Administrative Officer

O Designee(Attach Letter)

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

Busines	s Relationship with an Entity			
Instructions:	Fill out this section <i>only</i> if the Relationship and fill out Section IV.	is with an Entity. If the R	elationship is wi	th a State Person, skip this section
III(a)	Fill out this section ONLY for additional Rel	ationship(s) with differe	nt Entity/Entities.	MAN SHOW ID LINE THE PARK
Entity Name:				
Entity Addres				
City:	··	State:		ZIP code:
Phone:		0.0.0.		
	with the Requisite Involvement in the E	ntitv:		
Last name:		First name:		
	s Agency or Legislative Body of Employ			
Public Office		,		
City:	7.031033.	State:		ZIP code:
Phone:				
	f using addendum sheet for additional	State Person(s) with t	he Requisite In	volvement in the Entity:
	f Business Relationship(s):	,	1	,
Bosompnon	. 2001.1000 (101.01.101.11)			
Compensation	on (Actual or Anticipated):	\$	.00	
	ctual or Anticipated):	\$	.00	
, ,	nsation and Expenses (Actual or Antici		\$	.00
1010110011100		1		
l Beainnina do	ate of Business Relationship (Actual or A	inticipated):	Month:	Year:
	Business Relationship (Actual or Anticip		Month:	Year:
	Fill out this section ONLY for additional Stat		isite Involvemen	t in an Entity previously listed.
Entity Name:				
Entity Addres	S:	24-24-2		7ID codes
City:		State:		ZIP code:
Phone:		1:L		
	with the Requisite Involvement in the E			
Last name:	Annual Colores	First name:		
**************************************	s Agency or Legislative Body of Employ	yment:		
Public Office	Address:			710
City:		State:		ZIP code:
Phone:				

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: Dague

State Person First Name: C. Harris

Agency or Legislative Body of Employment: NYS Office of the Attorney General

Public Office Address: 99 Washington Avenue #1750

City: Albany

State: NY

ZIP code: 12210

Phone: 800-771-7755

Description of Business Relationship(s): Adjunct professor for Fall 2018 semester

Compensation (Actual or Anticipated):

\$ 2,000

.00

Expenses (Actual or Anticipated):

\$ ^

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 2,000

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 07

Year: 2018

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

Month: 12

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

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: Deyo

State Person First Name:Michael

Agency or Legislative Body of Employment: New York State Police

Public Office Address: 1220 Washington Avenue, Building 22

City: Albany

State: NY

ZIP code: 12226

Phone: 518-486-2028

Description of Business Relationship(s): Adjunct professor for Fall 2018 semester

Compensation (Actual or Anticipated):

\$<sub>3,200</sub>

.00

Expenses (Actual or Anticipated):

\$ 0

.00

Total Compensation and Expenses (Actual or Anticipated):

\$3,200

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 07

Year: 2018

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

Month: 12

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: Sprotbery

State Person First Name: Kent B.

Agency or Legislative Body of Employment: NYS Office of the Attorney General

Public Office Address: 99 Washington Avenue #1750

City: Albany

State: NY

ZIP code: 12210

Phone: 800-771-7755

Description of Business Relationship(s): Adjunct professor for Fall 2018 semester

Compensation (Actual or Anticipated):

\$ 4,800

.00

Expenses (Actual or Anticipated):

\$ 0

.00

Total Compensation and Expenses (Actual or Anticipated):

\$4,800

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 07

Year: 2018

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

Month: 12