

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: 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

RCVD 7/16/18

II Client Information

Name: Albany Law School of Union University

Permanent Business Address: 80 New Scotland Ave

City: Albany,

State: NY

ZIP code: 12208

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: ☐

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: Alpern

State Person First Name: Matthew

Agency or Legislative Body of Employment: NYS Office of Indigent Legal Services

Public Office Address: 80 South Swan Street #1447

City: Albany

State: NY

ZIP code: 12210

Phone: 518-486-2028

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

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: 01

Year: 2018

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

Month: 06

Year: 2018

Check here if using addendum sheet for additional State Person(s): ☒

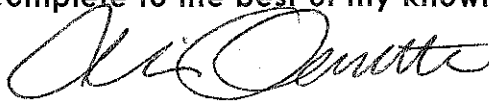
V Declaration

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:

7/16/2018

PRINT NAME: LAST Ouellette

FIRST Alicia

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.

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: 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): \$ 0 .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

IV 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): \$ 0 .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 Year: 2018

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): \$ 0 .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

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.

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: 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): \$ 0 .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.

I Reporting Information

Year: 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

Rec'd 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

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): \$0 .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: Alpern

State Person First Name: Matthew

Agency or Legislative Body of Employment: NYS Office of Indigent Legal Services

Public Office Address: 80 South Swan Street, #1447

City: Albany

State: NY

ZIP code: 12210

Phone: 518-486-2028

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 Year: 2018

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 Ouellette

FIRST Alicia

Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

Designated Addendum Sheet for Sections III and IV

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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:

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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: 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): \$ 0 .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 Year: 2018

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.

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: 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): \$ 3,200 .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

Year: 2018

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.

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: 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 Year: 2018