

# 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: 2013

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

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## II Client Information

Name: ASTRAZENECA PHARMACEUTICALS

Permanent Business Address: 1800 CONCORD PIKE

City: WILMINGTON

State: DE

ZIP code: 19850

Phone: (302)885-2319

## 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: NONE

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: ☐

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.

### 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: NONE

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



#### 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: HERMAN

State Person First Name: SANDFORD

Agency or Legislative Body of Employment: SUNY DOWNSTATE

Public Office Address: 450 CLARKSON AVENUE

City: BROOKLYN

State: NY

ZIP code: 11203

Phone: (718)270-1000

Description of Business Relationship(s): SPEAKER AT COMPANY SPONSORED PROGRAMS

Compensation (Actual or Anticipated): \$ 1,850 .00

Expenses (Actual or Anticipated): \$ 151 .00

Total Compensation and Expenses (Actual or Anticipated):

\$2,001 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: JANUARY

Year: 2017

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

Month: MARCH

Year: 2013

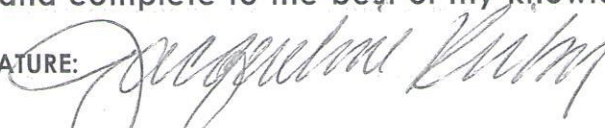
Check here if using addendum sheet for additional State Person(s): ☒

#### 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:

4/9/14

PRINT NAME: LAST KIRBY

FIRST JACQUELINE P.

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.

### 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: SETHI

State Person First Name: SANJAY

Agency or Legislative Body of Employment: SUNY BUFFALO

Public Office Address: 3495 BAILEY AVENUE

City: BUFFALO

State: NY

ZIP code: 14215

Phone: (716)834-9200

Description of Business Relationship(s): SPEAKER AT COMPANY SPONSORED PROGRAMS

Compensation (Actual or Anticipated):

\$ 13,900

.00

Expenses (Actual or Anticipated):

\$ 2,751

.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 16,651

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: JANUARY

Year: 2007

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

Month: MARCH

Year: 2013