

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: July - December 2017

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JAN 23 2018

II Client Information

Name: The College of Saint Rose

Permanent Business Address: 432 Western Avenue

City: Albany

State: New York

ZIP code: 12203

Phone: 518-454-5121

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: Amrozowicz

State Person First Name: Michael

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany In September 2010

Compensation (Actual or Anticipated): \$ 8600 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$8600 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2017

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: Debra Lee

DATE:

PRINT NAME: LAST Tooley

FIRST Debra Lee

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: Apruzzese

State Person First Name: Philip

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

Public Office Address: The Capitol

City: Albany

State: New York

ZIP code: 12234-1000

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS Office of the Attorney General in May 2015

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2016

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

Month:

Year:

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: Belflower

State Person First Name: James

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in 2013

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 4300	.00
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Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2016

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

Month:

Year:

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: Braathe

State Person First Name: Robert

Agency or Legislative Body of Employment: Schenectady County Community College

Public Office Address: 78 Washington Avenue

City: Schenectady

State: New York

ZIP code: 12305

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in August 2007

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 6450	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2017

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

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: Clark

State Person First Name: Benjamin

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

Public Office Address: The Capitol

City: Albany

State: New York

ZIP code: 12224-0341

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS Office of the Attorney General in March 2014

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3225 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2018

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

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: Greco

State Person First Name: Robert

Agency or Legislative Body of Employment: New York State Office of Information Technology Services

Public Office Address: Empire State Plaza, P.O. Box 2062

City: Albany

State: New York

ZIP code: 12220-0062

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS ITS in April 2005

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 4300 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2006

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

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: Hajjaj

State Person First Name: Noura

Agency or Legislative Body of Employment: SUNY New Paltz

Public Office Address: 1 Hawk Drive

City: New Paltz

State: New York

ZIP code: 12561

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, currently an Adjunct at SUNY New Paltz, was a full-time lecturer at SUNY New Paltz from August 2015 to August 2017

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

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

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: LaVenia

State Person First Name: peter

Agency or Legislative Body of Employment: New York State Department of Health

Public Office Address: Corning Tower, Empire State Plaza

City: Albany

State: New York

ZIP code: 12237

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester,
started at Department of Health in April 2016

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2004

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

Month:

Year:

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: Leczinsky

State Person First Name: Michael

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany September 2014

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

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

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

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: Malatesta

State Person First Name: JoAnne

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in 1998

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2010

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

Month:

Year:

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: McLaughlin

State Person First Name: Timothy

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in July 2016

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 4300 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2016

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

Month:

Year:

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: Negron

State Person First Name: Yalitza

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in July 2016

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 4300	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2015

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

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: Paurowski

State Person First Name: Mitchell

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

Public Office Address: The Capitol

City: Albany

State: New York

ZIP code: 12224-0341

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS Office of the Attorney General in August 2012

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3225 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2011

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

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: Pyke

State Person First Name: Heather

Agency or Legislative Body of Employment: Member, NYS Board of Professions for Speech Pathology & Audiology

Public Office Address: 89 Washington Avenue

City: Albany

State: New York

ZIP code: 12234-1000

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester,

started at NYS Board of Professions for Speech Pathology & Audiology in July 2017

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 4300 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2016

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

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: Steinke

State Person First Name: Camela

Agency or Legislative Body of Employment: SUNY Plattsburgh

Public Office Address: 101 Broad Street

City: Plattsburgh

State: New York

ZIP code: 12901

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Plattsburgh in 2011

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 6450 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2012

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

Month:

Year:

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: Tanzman

State Person First Name: Michael

Agency or Legislative Body of Employment: Dormitory Authority of the State of New York

Public Office Address: 515 Broadway

City: Albany

State: New York

ZIP code: 12207

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, currently works at the Dormitory Authority, worked at NYS Tax and Finance starting November 1999

Compensation (Actual or Anticipated): \$ 7525 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 7525 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2014

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

Month:

Year:

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: Turo

State Person First Name: Diane

Agency or Legislative Body of Employment: New York State Unified Court System

Public Office Address: 25 Beaver Street

City: New York

State: New York

ZIP code: 10004

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at Unified Court System in September 2015

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3225 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2017

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

Month:

Year:

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: Wells

State Person First Name: Lynne

Agency or Legislative Body of Employment: SUNY Oneonta

Public Office Address: 108 Ravine Pkwy

City: Oneonta

State: New York

ZIP code: 13820

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Oneonta in August 2017

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 4300	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2010

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

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: White

State Person First Name: Donovan

Agency or Legislative Body of Employment: New York State Department of Tax and Finance

Public Office Address: Building 9, W A Harriman Campus

City: Albany

State: New York

ZIP code: 12227

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at Department of Tax and Finance on July 12, 2007

Compensation (Actual or Anticipated): \$ 4300 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 4300 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2018

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

Month:

Year:

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: July - December 2017

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

"JCOPE" Rec'd

FEB 08 2018

II Client Information

Name: The College of Saint Rose

Permanent Business Address: 432 Western Avenue

City: Albany

State: New York

ZIP code: 12203

Phone: 518-454-5121

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: D'Allaird

State Person First Name: Courtney

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in 2012

Compensation (Actual or Anticipated): \$ 6450 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2015

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:

Debra Lee Polley

DATE:

1/30/18

PRINT NAME: LAST

Polley

FIRST

Debra Lee

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: LaVigne

State Person First Name: Mark

Agency or Legislative Body of Employment: SUNY Albany

Public Office Address: 1400 Washington Avenue

City: Albany

State: New York

ZIP code: 12222

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at SUNY Albany in 2014

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 3225	.00
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Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2007

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

Month:

Year:

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: Karam

State Person First Name: Antoine

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

Public Office Address: The Capitol

City: Albany

State: New York

ZIP code: 12224-0341

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS Office of the Attorney General in February 1996

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 3225	.00
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Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2008

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

Month:

Year:

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: Labaro

State Person First Name: Salvatore

Agency or Legislative Body of Employment: NYS Department of Health

Public Office Address: Corning Tower, Empire State Plaza

City: Albany

State: New York

ZIP code: 12237

Phone:

Description of Business Relationship(s): Adjunct Faculty Member with salary noted for Spring 2018 semester, started at NYS Department of Health in April 2015

Compensation (Actual or Anticipated): \$ 3225 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 3225 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2016

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

Month:

Year: