

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: January 1, 2015 through July 31, 2015

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

HAND DELIVERED

RECEIVED JUL 15 2015

II Client Information

Name: College of Staten Island, City University of New York

Permanent Business Address: 2800 Victory Boulevard

City: Staten Island

State: New York

ZIP code: 10314

Phone: 718-982-2250

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: ☐

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: Borelli

State Person First Name: Joseph

Agency or Legislative Body of Employment: New York State Assemblymember

Public Office Address: 101 Tyrellan Avenue, Suite 200

City: Staten Island

State: NY

ZIP code: 10309

Phone: 718-967-5194

Description of Business Relationship(s): NYS Assemblymember Borelli served as an adjunct faculty member for the College of Staten Island in the Department of Political Science & Global Affairs during the Fall semester of 2014 (appointed 1/28/15–5/24/15), at a rate of \$70.15 for 45 hours.

Compensation (Actual or Anticipated): \$ 3,156.75 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$3,156.75 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2015

End date of Business Relationship (Actual or Anticipated) if applicable: Month: May Year: 2015

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: W J Fritz

DATE: June 23, 2015

PRINT NAME: LAST Fritz

FIRST William J.

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:

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: Porzio

State Person First Name: Ralph J.

Agency or Legislative Body of Employment: Office of New York State Senator Andrew Lanza

Public Office Address: 3845 Richmond Avenue, Suite 2A

City: Staten Island

State: New York

ZIP code: 10312

Phone: 718-984-4073

Description of Business Relationship(s): Ralph J. Porzio, a Counsel Aide in the Office of NYS Senator Lanza, served as an adjunct faculty member for the College of Staten Island in the Marketing Department, during the Fall semester of 2014 (appointed 1/28/15–5/24/15), at a rate of \$82.47 for 105 hours.

Compensation (Actual or Anticipated): \$ 8,659.35 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$ 8,659.35 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2015

End date of Business Relationship (Actual or Anticipated) if applicable: Month: May Year: 2015

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: August 1, 2015 through December 31, 2015

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

HAND DELIVERED

"JCOPE" Rec'd

JAN 15 2016

II Client Information

Name: College of Staten Island, City University of New York

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City: Staten Island

State: New York

ZIP code: 10314

Phone: 718-982-2250

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: ☐

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: Borelli

State Person First Name: Joseph

Agency or Legislative Body of Employment: New York City Councilmember

Public Office Address: 3944 Richmond Avenue

City: Staten Island

State: NY

ZIP code: 10312

Phone: 718-967-5194

Description of Business Relationship(s): NYC Councilmember Borelli served as an adjunct faculty member for the College of Staten Island in the Department of Political Science & Global Affairs during the Fall semester of 2014 (appointed 8/27/15-12/23/15), at a rate of \$70.15 for 60 hours.

Compensation (Actual or Anticipated): \$ 4,209 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$4,209 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2015

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

Month: December

Year: 2015

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:

WJ Fritz

DATE:

12-21-2015

PRINT NAME: LAST Fritz

FIRST William J.

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

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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

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State Person First Name: Ralph J.

Agency or Legislative Body of Employment: Office of New York State Senator Andrew Lanza

Public Office Address: 3845 Richmond Avenue, Suite 2A

City: Staten Island

State: New York

ZIP code: 10312

Phone: 718-984-4073

Description of Business Relationship(s): Ralph J. Porzio, a Counsel Aide in the Office of NYS Senator Lanza, served as an adjunct faculty member for the College of Staten Island in the Marketing Department, during the Fall semester of 2015 (appointed 8/27/15-12/23/15), at a rate of \$82.47 for 90 hours and served an additional 15 professional hours at a rate of \$82.47.

Compensation (Actual or Anticipated): \$ 8,659.35 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ 8,659.35 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2015

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

Month: December

Year: 2015