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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		nforma	فالمشف

Year: January 1, 2015 through July 31, 2015

Fill in circle if amendment 🛇

FOR OFFICE USE ONLY

HAND DELIVERED

RECEIVED JUL 15 2015

Il Client Information

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

Permanent Business Address: 28(10 Victory Boulevard

City: Staten Island

State: New York

ZIP code: 10314

Phone: 718-982-2250

| Business Relationship with an Entity

Instructions: Fill out this section anly 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:

Limity /taaross

State:

ZIP code:

Phone:

City:

State Person with the Requisite Involvement in the Entity:

State reason with the Regulate invertering in the Ermiy

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):

S

.00

Total Compensation and Expenses (Actual or Anticipated):

Month:

\$

.00

Beginning date of Business Relationship (Actual or Anticipated):

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:

0

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 Instructions: and fill out Section III. State Person First Name: Joseph State Person Last Name: Borelli Agency or Legislative Body of Employment: New York State Assemblymember Public Office Address: 101 Tyrellan Avenue, Suite 200 ZIP code: 10309 State: NY City: Staten Island 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 Pc itical 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. .00 Compensation (Actual or Anticipated): \$ 3,156.75 .00 Expenses (Actual or Anticipated): **\$**3,156.75 .00 Total Compensation and Expenses (Actual or Anticipated): Year: 2015 Beginning date of Business Relationship (Actual or Anticipated): Month: January Month: May Year: 2015 End date of Business Relationship (Actual or Anticipated) if applicable: 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: WJF

WJFnZ

DATE: June 23, 2015

PRINT NAME: LAST Fritz

FIRST William J.

Mark One:

★ Chief Administrative Officer

O 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.

	s Relationship					
nstructions:	Fill out this section or and fill out Section		is with an Entity. If the	Relationship is wi	th a State Person, skip this s	ection
III(a)			ationship(s) with differen	ent Entity/Entities.		
Entity Name:						
Entity Address	::					
City:			State:		ZIP code:	
Phone:		a. d				
	with the Requisite In	volvement in the E	intity:			
Last name:			First name:			
	s Agency or Legisla	tive Body of Emplo	yment:			
Public Office		, .	•			
City:			State:		ZIP code:	
Phone:						
Check here if	using addendum s	heet for additional	State Person(s) with	the Requisite In	volvement in the Entity:	0
Description of	Business Relations	nip(s):				
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	n (Actual or Anticipated)	27.0	\$.00		
	tual or Anticipated) nsation and Expens			.00	.00	
Total Compe	isalion and Expens	es (Actodi of Affilci	parea).	4	.00	
Beginning da	te of Business Relali	onship (Actual or A	anticipated):	Month:	Year:	
End date of B	usiness Relationship	(Actual or Anticip	ated) if applicable:	Month:	Year:	
III(b)	Fill out this section C	ILY for additional Stat	e Person with the Requ	uisite Involvemen	t in an Entity previously liste	d.
Entity Name:						
Entity Address	:					
City:			State:		ZIP code:	
Phone:						
State Person v	with the Requisite In	volvement in the E	ntity:			
Last name:			First name:			
State Person's	Agency or Legislat	rive Body of Employ	yment:			
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.

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 Instructions: 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 of black ink pen.

Completely, fill in one circle.

Print legible numbers and block letters, no script.

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

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

Reporting Information		FOR OFFICE (***************************************	
Year: August 1, 2015 through December 31, 2015	5	HAMD	DELIVERED	
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Il Client Information				
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Permanent Business Address: 2800 Victory Bo	ulevard			
City: Staten Island	State: New	York	ZIP code: 10314	1.5444199400105247 142 544 1. 011
Phone: 718-982-2250			T. INVESTIGATE TEXTORE TREE AND THE PROPERTY OF THE PROPERTY O	The advised to the solid to
III Business Relationship with an instructions: Fill out this section only if the Reand fill out Section IV. Entity Name:	Entity Ialionship is with an Entity. It is			p this section
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Year:

Month:

	ionship with a Sta	te Person onship is with a State Person.	If the Relationship is wi	th an Entity, skip this s	section
and fill o	nt Section III.		in the state of th		ingler Moddishika
State Person Last Name	e: Borelli	State Perso	on First Name: ^{Joseph}	en e	
Agency or Legislative B	Body of Employment: N	ew York City Councilmember		***************************************	
Public Office Address:	3944 Richmond Avenue				
City: Staten Island		State: NY	ZIP	code: 10312	terra and a ve
Phone: 718-967-5194	en de la companya de La companya de la co	e de maria de la compania de la com		. TO SECTION TO MADE IN A SAFETY OF THE TRANSPORT OF THE PROPERTY OF THE PROPE	1196941 VII. 1.
Description of Business	Relationship(s): NYC Cou	ıncilmember Borelli served as	an adjunct faculty memb	er for the College of	
Staten Island in the Departi	ment of Political Science & C	Global Affairs during the Fall se	emester of 2014 (appoint	ed 8/27/15-12/23/15)	, at
a rate of \$70.15 for 60 hou	rs.		The state of the s	STATE TO THE STATE OF THE STATE	
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Mark One:	⊗Chief Administrative	e Officer O Designe	ee(Attach Letter)		
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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.

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City:	:	State:	211	ZIP code:	
Phone:			•	A POLICE OF THE SECURITIES OF	
State Person with the Rec	quisite involvement i	in the Entity:		e Alberton essent to record to	
Last name:	TR CTTTM TIPERTING CHIPTTI	First name:		*	
State Person's Agency or	r Legislative Body of	Employment:		Alter (1999) Mar 1990 / C	÷
Public Office Address:	The state of the second of the				
City:		State:		ZIP code:	
Phone:				TRANSPORTER AND THE COURSE PROPERTY.	100 20 30 11 11 11 11 11 11 11 11 11 11 11 11 11
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Expenses (Actual or Antic	cipated):	\$.00		
Total Compensation and	Expenses (Actual o	r Anticipated):	\$.00	
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Beginning date of Busine	ss Relationship (Actu	ual or Anticipated):	Month:	Year:	
End date of Business Rela	ationship (Actual or A	Anticipated) if applicable:	Month:	Year:	and of the fall
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City:	and the second s	State:		ZIP code:	** 'D
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State Person with the Rec	quisite Involvement i	n the Entity:	tit i ligitarra geeraketketet	Western the best of the statement of the statement of the section of the sectio	
Last name:		First name:	.45 25	и ститем вонных 1 си — — меревоновомия -	***
State Person's Agency or	Legislative Body of	Employment:		THE STANDARD CONTRACTOR OF THE STANDARD	***************************************
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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.

and fill out Section III. State Person Last Name: Porzio	A CONTRACT OF THE PERSON NAMED OF THE PARTY		Name: Ralph J.	・ 1973年日本日本名の日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本日本
Agency or Legislative Body of Employment: C Public Office Address: 3845 Richmond Avenue, S	Office of New York State Seni uite 2A	ator Andre	w Lanza	CORRECCION CHIMALAS ASSESSEDA OLI
City: Staten Island Phone: 718-984-4073	State: Ne v	v York	ZIP o	code: 10312
Description of Business Relationship(s): Ralph J.	Porzio, a Counsel Aide in th	e Office of I	NYS Senator Lanz	za, served as an adjunct
faculty member for the College of Staten Island in the	Marketing Department, dur	ing the Fal	l semester of 201	5 (appointed 8/27/15-
12/23/15), at a rate of \$82.47 for 90 hours and served a	an additional 15 professiona	l hours at a	t a rate of \$82.47	
Compensation (Actual or Anticipated):	\$ _{8,659.35}	.00	777. 77	
Expenses (Actual or Anticipated):	\$.00	in the state of th	
Total Compensation and Expenses (Actual or	Anticipated):		\$ 8,659.35	.00
Beginning date of Business Relationship (Actua	al or Anticipated):	Mont	h: August	Year: 2015
End date of Business Relationship (Actual or A	nticipated) if applicable		h: December	Year: 2015