NY STATE CLIENT BUSINESS RELATIONSHIP FORM

\$

Month:

Month:

Marking Instructions: Rease type of use blue of black ink pen.

Completely, fill in one circle.

Total Compensation and Expenses (Actual or Anticipated):

Beginning date of Business Relationship (Actual or Anticipated):

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

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

Completely fill in one circle.

Print legible numbers and block letters, no script

L Benerting Information		FOR OFFICE	USF ONLY	[ec, q
Reporting Information		shmanana ya in r		1.2
Year: January 1, 2018 through June 30, 2018				"JOL 16
Fill in circle if amendment 🔯	THREE CONTROL WOLLDWINDS INDERTURE STORT VERN			¥ =
that NB CHIERLAND 2 ct.	Private HALP TO CONTINUE SHAPE TO THE TEST OF THE			
II Client Information				
Il Client Information	· ·		•	
Name: College of Staten Island, City University of New	eren o		en e	
Permanent Business Address: 2800 Victory Bouleva	****		is	x M.///////// 21/// 21.
City: Staten Island	State	: New York	ZIP code: 10314	
Phone: 718-982-2250				
III Business Relationship with an Ent Instructions: Fill out this section only if the Relatio and fill out section IV	ity nship is with an Enti	V. If the Relationship	o is with a State Person, s	kip this section
Entity Name:	ge · .	The second secon	en er	
Entity Address:	week see Hwis Hwebsallantsabaen	ADESCRIPTED CONTRACTOR CONTRACTOR		•
City:	; State	; ;	ZIP code:	
Phone:				
State Person with the Requisite Involvement in	the Entity:			
Last name:	First	name:	,	New York Control of the Control of t
State Person's Agency or Legislative Body of E		A SALAMA INDEXAMALIA		
Public Office Address:	(ch. sachande			
City:		* * * * * * * * * * * * * * * * * * *	ZIP code:	
Phone:				
Check here if using addendum sheet for addit	ional State Person	(s) with the Requis	ite Involvement in the	Entity:
Description of Business Relationship(s):				
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			A CONTRACTOR	
	The state of the s			
Compensation (Actual or Anticipated):	\$.00	* ***	
Expenses (Actual or Anticipated):	\$.00		

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.00

Year:

Year:

IV Business Relationship with a St Instructions: "Fill out this section only if the Rela		on. If the Relationship is wit	h an Entity, skip this section		
and fill out Section III. State Person Last Name: Borelli	State Pe	erson First Name: Joseph	annellitteaminifical della la		
Agency or Legislative Body of Employment:	New York City Councilmeml	per	**************************************		
Public Office Address: 2955 Veterans Road West,	Suite 2E				
City: Staten Island	State: N	Y ZIP c	code: 10309		
Phone: 718-984-5151					
Description of Business Relationship(s): NYC Co	ouncilmember Borelli serve	d as an adjunct faculty membe	er for the College of		
Staten Island in the Department of Political Science a	nd Global Affairs during the	Spring semester of 2018 (app	pointed 1/27/18-5/24/18),		
at a rate of \$80.91 for a total of 45 hours.	TO COME TO AN ARCHITECTURE CONTROL OF A CONT	AND THE STATE OF T	AND THE PROPERTY OF THE PROPER		
Compensation (Actual or Anticipated):	\$ 3.640.95		(Midates)		
Expenses (Actual or Anticipated):	\$.00			
Total Compensation and Expenses (Actual or Anticipated):		\$ 3,640.95	.00		
Beginning date of Business Relationship (Actu	ual or Anticipated):	Month: January 27	Year: 2018		
End date of Business Relationship (Actual or A	Anticipated) if applicab	le: Month: May 24	Year: 2018		
The constitution of the second second	*	orini v 1999	en e		
Check here if using addendum sheet for add	ditional State Person(s):	⊗			
V Declaration					
V Declaration	Mariaictrative Officer	If the Chief Administrative	Officer for any		
reason, does not sign, he/she must duly designed by the Criter	nate another person to	sign this Declaration.) (S	e Officer, for any ee instructions!)		
			rt is true,		
correct, and complete to the best of	my knowledge and	belief.			
X SIGNATURE: WJF4	State Person First Name: Joseph New York City Councilmember Suite 2E State: NY ZIP code: 10309 Souncilmember Borelli served as an adjunct faculty member for the College of and Global Affairs during the Spring semester of 2018 (appointed 1/27/18–5/24/18), \$ 3,640.95 Sounce Anticipated): \$ 3,640.95 Anticipated): Wonth: January 27 Year: 2018 Anticipated) if applicable: Month: May 24 Year: 2018 Administrative Officer. If the Chief Administrative Officer, for any gnate another person to sign this Declaration is See instructions.)				
PRINT NAME: LAST Fritz	FIRST Will	iam J.	SATISTICS AND DEAD SERVED OF CONCERNING AND AND AND		
Mark One: Shief Administration	ve Officer O Desi	gnee(Attach Letter)			

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 and fill out Section IV.	s with an Entity. If the	Relationship is w	th a State Person, skip this s	ection
lll(a) Fill out this section ONLY for additional Rela		ent Entity/Entitles		
Entity Name:	aindklunikinnäiniketenassa ko			
Entity Address:		·	1. A.	
City:	State:		ZIP code:	
Phone:	A OTOTOL		Ell COGO.	***************************************
State Person with the Requisite Involvement in the Er	ntity:	- iir . Yir ya «Liesiss/maaresisve	empartization and empirical states of the contract of the cont	
Last name:	First name:		Z. 1845. / F. Z. 1845. (1945.)	***
State Person's Agency or Legislative Body of Employ	2	voles (av uve anna un l'emi au tha thanna ul tuna a	EDZE Z ADZINOSZOWACE DEZWECT, CO., CONC., OPERA CO CREATIVE ZA CORE	
Public Office Address:	·	***************************************	######################################	
City:	State:	- w·-	ZIP code:	
Phone:	oidio,		ZII COGO.	
Check here if using addendum sheet for additional s	State Person(s) with	the Requisite In	volvement in the Entity	\bigcirc
Description of Business Relationship(s):		SED-22/46-19-95	e ver steswakenterver it villag i verve retser	
			THE THE TAXABLE PROPERTY OF THE PERSON NAMED IN	
			· variation () · · · · · · · · · · · · · · · · · ·	
AC PENNAHERUNGA (C. C.) (C. C.) PARAMA	BANTETBIATESCHERPADZELEHAVITASCHTASSACCEC (TILL) TY	÷		•
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or Anticip	pated):	\$.00	V. P. C.
Beginning date of Business Relationship (Actual or Anticipated):		Month:	Year:	
End date of Business Relationship (Actual or Anticipo	ited) if applicable:	Month:	Year:	
(III(b)) Fill out this section ONLY for additional State	Person with the Regi	isite involvemen	in an Entity previously listed	dk amani.
Entity Name:	Tangan Tangan Na Bermada Santan Tangan Tangan Tangan Tangan Tangan Tangan Tangan Tangan Tangan			
Entity Address:		e av le tresa	The state of the s	THE STATE TO SERVE
City:	State:	A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1 A 1	ZIP code:	
Phone:	01010.		211 0000.	
State Person with the Requisite Involvement in the En			THE PERSON NAMED IN COLUMN TWO	
	First name:	/ /PI I:I/* *PIESPAM//PUTENTE. ************************************	DEL MARKARISTANA ET PARKARISTAN ET VAN ER PRESIDENTE ET E	
State Person's Agency or Legislative Body of Employ	***************************************	NON-PROPERTY OF THE PROPERTY O	NI	(w)
Public Office Address:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	ertrain, un la Ar	
	State:	KE CARLOT A TO THE TOTAL OF THE TOTAL AND TH	ZIP code:	***********
Phone:			A STATE STREET, STREET	

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 St				A Company	
Instructions: Fill out this section only if the Relat and fill out Section III.	ionship is with a Stale Person	. If the Re	lationship is wi	h an Entity, skip this se	ection
State Person Last Name: Signorile			Name: _{Matthew}	en-entretan visarkinen en en en en en en et en	112422342711
Agency or Legislative Body of Employment: T	he Office of the Richmond Cou	unty Distric	t Attorney, Mic	hael E. McMahon	
Public Office Address: 130 Stuyvesant Place, 7th F		27-3a			
City: Staten Island	State: NY	vi 1911.791.80117 .	ZIP c	code: 10301	****
Phone: (718) 876-6300					
Description of Business Relationship(s): Matthew	v Signorile, Assistant District A	ttorney in	the Office of the	Richmond County Dis	trict
Attorney, served as an adjunct faculty member for the	e College of Staten Island in th	e Political :	Science & Globa	Affairs Department	
during the Spring semester of 2018 (appointed 1/27/	2018 to 5/24/2018) at a rate of	\$81.20 for	a total of 60 ho	urs.	
Compensation (Actual or Anticipated):	\$ 4,872.00	.00	Z:X:YAP(#) /552//		
Expenses (Actual or Anticipated):	\$.00	. talana	e Hister and Turk (VIII) (NY variation of Year (N)	.00.2010.00
Total Compensation and Expenses (Actual or	Anticipated):	12 WY	\$ 4,872.00	.00	
Beginning date of Business Relationship (Actu	al or Anticipated):	Month	្រ January 27	Year: 2018	
End date of Business Relationship (Actual or A	nticipated) if applicable:	Month	1: May 24	Year: 2018	

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.	2 0 0 0	Paran First N	lama:	The state of the s
State Person Last Name: Porzio	Office of New York State S	erson First N	NOT 121 A A A A A A A A A A A A A A A A A A	- 3/9//ECC131//HCC14C33/A8/EVC/201333/A//-CC-33//IP
Agency or Legislative Body of Employment: Subject Office Address: 3845 Richmond Avenue, S		earthearth and the control of the co		e e
City: Staten Island Phone: 718-984-4073	State: N	lew York	ZIP c	code: 10312
Description of Business Relationship(s): Ralph J	. Porzio, a Counsel Aide in	the Office of N	YS Senator Lan	za served as a full time
faculty member for the College of Staten Island in the	Marketing Department, o	luring the Sprir	ng semester of	2018 (appointed 8/25/1
8/26/18), at a salary of \$82,709.00.	en e	E -PZNES.LETTECODIC S-Z		
Compensation (Actual or Anticipated):	\$ 82,709.00	.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or	Anticipated):		\$ 82,709	.00
Beginning date of Business Relationship (Actua	al or Anticipated):		: August 25	Year: ₂₀₁₇
End date of Business Relationship (Actual or A	nticipated) if applicat	ole: Month	August 26	Year: 2018

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

State Person Last Name: Silberlight	State P	erson First	Name:Adam		
Agency or Legislative Body of Employment: ^{TI}	he Office of the Richmond	County Distr	ict Attorney, Mich	ael E. McMahor	1
Public Office Address: 130 Stuyvesant Place, 7th F	·loor		The second control of		
City: Staten Island	State: N	Y	ZIP co	ode: 10301	
Phone: (718) 876-6300			4		
Description of Business Relationship(s): Adam Si	lberlight, an Assistant Dist	rict Attorney	in the Office of the	e Richmond Cou	unty Dist
Attorney, served as an adjunct faculty member for the	College of Staten Island ir	the Political	Science & Global	Affairs Departm	ent
during the Spring semester of 2018 (appointed 1/27/2	2018 to 5/24/2018) at a rate	e of \$96.38 fc	or a total of 60 hou	I rs.	150011000000000000000000000000000000000
Compensation (Actual or Anticipated):	\$ 5,782.80	.00			
Expenses (Actual or Anticipated):		.00.	van tvansk het van - van Amerikussysbybk	:c+>\px^4c+:>+ac+ctipup#4pac+i	terrytaestwan rs.
* 1.141.521/cdeteq11404 PLEAZEWRY, 28-cd161617 * "II * 1.1	Anticipated):	. tr	\$ 5,782.80	.00	1
Total Compensation and Expenses (Actual or					
Total Compensation and Expenses (Actual or Beginning date of Business Relationship (Actual or Busin		 Moni	h: January 27	Year: ₂₀₁₈	