"JCOPE" Rec'd

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

Marking Instructions: Please type or use blue or black ink pen.

Reporting Information

Fill in circle if amendment O

Year: 2017

Completely fill in one circle.

Print legible numbers and block letters, no script.

Client Information Name: CUNY School of Law and CUNY School of Law Justice & Auxiliary Services Corp. Permanent Business Address: Two Court Square City: Long Island City State: NY ZIP code: 11101 Phone: 718-340-4441		A 400 A		JAN 1 2 2018
Permanent Business Address: Two Court Square City: Long Island City State: NY ZIP code: 11101 Phone: 718-340-4441	II Client Information			
City: Long Island City Phone: 718-340-4441	Name: CUNY School of Law and CUNY School of Law	w Justice & Auxiliary Services C	Corp.	
Phone: 718-340-4441 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:	Permanent Business Address: Two Court Square			
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:	City: Long Island City	State: NY	7	IP code: 11101
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:	Phone: 718-340-4441	CONTRACTOR CONTRACTOR AND	STATE OF THE STATE	6
Entity Address: City: State: ZIP code: Phone:	Instructions: Fill out this section only if the Relati	ntity Ionship is with an Entity. If the	Relationship is with	a State Person, skip this section
City: State: ZIP code: Phone:	Entity Name:			
Phone:	Entity Address:			
	City:	State:		ZIP code:
State Person with the Requisite Involvement in the Entity:	Phone:			
	State Person with the Requisite Involvement in	n the Entity:		
Last name: First name:	Last name:	First name:		
State Person's Agency or Legislative Body of Employment:	State Person's Agency or Legislative Body of	Employment:		
Public Office Address:	Public Office Address:			
City: State: ZIP code:	City:	State:		ZIP code:
Phone:	Phone:			
Check here if using addendum sheet for additional State Person(s) with the Requisite Involvement in the Entity: \Box	Check here if using addendum sheet for add	litional State Person(s) with	the Requisite Invo	olvement in the Entity:
Description of Business Relationship(s):	Description of Business Relationship(s):			
Compensation (Actual or Anticipated): \$.00	Compensation (Actual or Anticipated):	\$.00	
Expenses (Actual or Anticipated): \$.00	Expenses (Actual or Anticipated):	\$.00	seus a en la companya de la companya del companya de la companya del companya de la companya de
Total Compensation and Expenses (Actual or Anticipated): \$.00	Total Compensation and Expenses (Actual or	r Anticipated):	Super Institute () 49 (1960)	.00
Beginning date of Business Relationship (Actual or Anticipated): Month: Year:	Reginning date of Business Relationship (Actu	ual or Anticipated):	Month:	Year:
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:	en en el comitat de la comitat	recorded to the control of the second of		
and place the second control of a control of a control of the cont	 Settlement of the control of the contr			

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 and fill out Section III. State Person First Name: Jenny State Person Last Name: Rivera Agency or Legislative Body of Employment: New York State Court of Appeals Public Office Address: New York State Court of Appeals - 20 Eagle Street ZIP code: 12207 City: Albany State: NY Phone: (518) 455-7700 Description of Business Relationship(s): employed as a CUNY School of Law adjunct professor .00 Compensation (Actual or Anticipated): \$ \$8,250 Expenses (Actual or Anticipated): .00 Total Compensation and Expenses (Actual or Anticipated): \$\$8,250 .00 Year: 2017 Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2018 End date of Business Relationship (Actual or Anticipated) if applicable: Month: December 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.

SIGNATURE:

DATE:

12.17.17

PRINT NAME: LAST

2000

FIRST

JEAN

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.

III Busines	s Relationship with an Entity				
Instructions:	Fill out this section only if the Relationship and fill out Section IV.	is with an Entity. If the I	Relationship is with	a State Person, skip this s	ection
III(a)	Fill out this section ONLY for additional Re	lationship(s) with differe	ent Entity/Entities.		
Entity Name:					
Entity Address	S:				
City:		State:		ZIP code:	
Phone:					
State Person	with the Requisite Involvement in the E	Entity:			
Last name:		First name:			
State Person'	s Agency or Legislative Body of Emplo	yment:			
Public Office	Address:				2
City:		State:		ZIP code:	
Phone:					
Check here is	susing addendum sheet for additional	State Person(s) with	the Requisite Invo	olvement in the Entity:	0
Description o	f Business Relationship(s):				
		•			a 120. 20
Compensation	on (Actual or Anticipated):	\$.00		
Expenses (Ac	tual or Anticipated):	\$.00		
Total Compe	nsation and Expenses (Actual or Antic	ipated):	\$.00	
and the second of the second o			N 0 100-1-10 100 100 100 100 100 100 100		
Beginning da	te of Business Relationship (Actual or A	Anticipated):	Month:	Year:	
End date of E	Business Relationship (Actual or Anticip	ated) if applicable:	Month:	Year:	
III(b)	Fill out this section ONLY for additional Sta	te Person with the Requ	isite Involvement i	n an Entity previously liste	d.
Entity Name:					
Entity Address	*				
City:		State:		ZIP code:	8 - 1
Phone:		otate.		Zii Codc.	
	with the Requisite Involvement in the E	ntity			
Last name:	with the Requisite involvement in the L	First name:			-
0.000	s Agency or Legislative Body of Emplo				1.0
Public Office		ymone.			
1	Addi 633.	State:		ZIP code:	
City:		sidie.		Zii Gode.	
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.

State Person Last Name:	State Perso	ate Person First Name:		
Agency or Legislative Body of Employment:				
Public Office Address:				
City:	State:	ZII	code:	
Phone:				
Description of Business Relationship(s):				
Compensation (Actual or Anticipated):	\$.00		
Compensation (Actual or Anticipated): Expenses (Actual or Anticipated):	\$ \$.00		
	\$ \$ Anticipated):		.00	
Expenses (Actual or Anticipated):		.00	.00 Year:	