Print Form

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: 2015

Fill in circle if amendment ○

FOR OFFICE USE ONLY

JCOPE Rec'd JUN 02 2017

II Client Information

Name: Fordham University

Permanent Business Address: 441 E. Fordham Road/113 W. 60th Street/400 Westchester Avenue

City: Bronx/New York/Harrison | State: New York | ZIP code: 10458/10023/10604

Phone: (718) 817-1000

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: Hibri | State Person First Name: Wael

Agency or Legislative Body of Employment: Metropolitan Transportation Authority

Public Office Address: 2 Broadway

City: New York | State: New York | ZIP code: 10004

Phone: (646) 376-0677

Description of Business Relationship(s): Dr. Hibri serves as an Adjunct Faculty member at Fordham University in its Gabelli School Of Business.

Compensation (Actual or Anticipated):	$ 7,800	.00	
Expenses (Actual or Anticipated):	$ 0	.00	
Total Compensation and Expenses (Actual or Anticipated):			$ 7,800 .00

Beginning date of Business Relationship (Actual or Anticipated): **Month:** September **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:** Thomas J. Dunne **DATE:** June 1, 2017

PRINT NAME: LAST Dunne **FIRST** Thomas

Mark One: ☒ Chief Administrative Officer ○ Designee(Attach Letter)