

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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

Completely fill in one circle.

Print legible humbers and black letters, no script.

| Reporting Information | | FOR OFFICE USI | ONLY P | | | |
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| Year: 2016 | | | 2 | | | |
| Fill in circle if amendment | | | | | | |
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| Il Client Information | | | | | | |
| Name: Fordham University | | er (N. 1986) esta de la estada. | <u>ti organisti kod dingtat nda kod koda dingta nginga ita</u> | | | |
| Permanent Business Address: 441 E. Fordham Ro | ad/113 W. 60th Street/400 \ | Westchester Avenue | ментентоминаточного | | | |
| City: Rrony/New York/Harrison | State: Nev | v York | | | | |
| Phone: (718) 817-1000 | e e escrito de mentro mendro mendro productivo de ser se escrito de la sectión se el sectión se el sectión de e | al talona dibuta at un un usung un | | | | |
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| Business Relationship with an En Instructions: Fill out this section only if the Relati | TTTTY onship is with an Entity. If | the Relationship is | with a State Person, skip this section | | | |
| and fill out Section IV. | | | | | | |
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| Last name: | First nam | e: | A PERSONAL PROPERTY AND A PROPERTY OF A PROP | | | |
| State Person's Agency or Legislative Body of | Employment: | | AMANGANA PARRIMANAPA PARRIMA | | | |
| Public Office Address: | | | WEAVER TO SEA TO THE TOTAL | | | |
| Сіту: | State: | | ZIP code: | | | |
| Phone: | man some and all a series source is recovered in the series of the serie | ANAMA ANAMARIA ANTONOMO ANTONO | ALLING THE STATE OF THE STATE O | | | |
| Check here if using addendum sheet for add | litional State Person(s) v | vith the Requisite | Involvement in the Entity: | | | |
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| Expenses (Actual or Anticipated): | S where the second section of the se | .00 | The state of the s | | | |
| Total Compensation and Expenses (Actual o | Anticipated): | \$ | .00 | | | |
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| End date of Business Relationship (Actual or Anticipated) if applicable: | | | Year: | | | |
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| State Person Last Name: Hibri | 1 21012 | Person First No | me Wael | Principle of the sample of all positions and a part of the same sample. | . The same |
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| Agency or Legislative Body of Employment: N | iletropontari fransportari | on Additionty | | ere er mennem arbitaanska talkenmen arbitaansk er selver er e | |
| Public Office Address: 2 Broadway | | Now York | 7ID 10004 | | |
| City: New York | State: | State: New York | | ZIP code: 10004 | |
| Phone: (646) 376-0677 | · · · · · · · · · · · · · · · · · · · | | war a trewwentanea tar and rate of at a | | |
| Description of Business Relationship(s): Dr. Hibri | i serves as an Adjunct Fac | ulty member at F | ordham Unive | rsity in its Gabelli Sch | ool |
| Of Business. | A COLOR OF THE STATE OF THE STA | e er er gørg ger greve, er er greveg, skagg grav geg, geg, ge | e ananos ar as reas ranconoscara amos respectivos contra | | |
| ANNANG MATERIAN PERSENTENTAN PERSENTENT SERVICE SERVIC | | | | 2VVM-3-468mm | |
| Compensation (Actual or Anticipated): | \$ 9,500 | .00 | | THE STATE OF THE S | |
| Expenses (Actual or Anticipated): | \$ 0 | .00 | And the first of the second property of the | | |
| Total Compensation and Expenses (Actual or | r Anticipated): | | \$ 9,500 | .00 | |
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