## 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.

Reporting Information	<u>FC</u>	R OFFICE USE ON	LY	<b>o</b>
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Il Client Information				, white
Name: Hofstra University		·		
Permanent Business Address: 101 Hofstra University	A Contraction of the Contraction	V		
City: Hempstead	State: NY	ZI	P code: 11549-1010	
Phone: 516-463-1800	and the second s	manganinasiasi kasanasi kan mada da	The second secon	
Business Relationship with an Entity	s with an Entity. If the R	elationship is with a	State Person, skip this sc	ection
and fill out Section IV:				
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State Person's Agency or Legislative Body of Employ	ment:	e de la compania del compania de la compania de la compania del compania de la compania del compania de la compania de la compania de la compania del compania de la compania del compania de la compania de la compania del co	ng magamana sa	
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Expenses (Actual or Anticipated):	\$ 	.00		
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Beginning date of Business Relationship (Actual or Anticipated):  End date of Business Relationship (Actual or Anticipated) if applicable:		Month:	Year:	
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IV Business Relationship with a Sto Instructions: Fill out this section only if the Relati		n. If the Relationship is with	an Entity, skip this section
State Person Last Name: Lupinacci	State Per	son First Name: <sup>Chad</sup>	
Agency or Legislative Body of Employment: N	make a second to the action of the contract of		
Public Office Address: 630 New York Avenue, Suit		e men sem a masan a sana a	er er eg grangen om er en e
City: Huntington	State: NY	7IP c	ode: 11743
Phone:			
Description of Business Relationship(s): Adjun	ect assistant professor of polit	tical science since 2005; assi	nments subject to
The second of th	ict assistant professor of poli	tical science since 2005, assi	griments subject to
availability.			
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Total Compensation and Expenses (Actual or	Anticipated):	\$9,809.86	
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End date of Business Relationship (Actual or A	Anticipated) if applicable	e: Month:	Year: N/A ongoing as needed
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Check here if using addendum sheet for addi	itional State Person(s):		
V Declaration			
This Declaration must be signed by the Chief reason, does not sign, he/she must duly design	Administrative Officer. If	the Chief Administrative	Officer, for any
reason, abes not sign, heysne hibsi duly design	ndre anomer person to s	ign mis beclaration a (3	
I declare under penalty of perjury that correct, and complete to the best of it	t the information co	ntained in this repor	t is true,
correct, and complete to the best of	ily knowledge and t	12 - 7 - 16	and the second of the second o
X SIGNATURE: Duly + M	DATE:	1 d = 1 = 1 b	al an airmna ragaraidheil an seo co
PRINT NAME: LAST Fredrich	FIRST Dolore	2S	en a sur a de la conferencia del la conferencia del la conferencia del la conferencia de la conferencia de la conferencia del

O Designee(Attach Letter)

OChief Administrative Officer

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