

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: 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

JUL 16 2018

"SCOPE" Rec'd

II Client Information

Name: John Jay College / CUNY

Permanent Business Address: 524 West 59th St.

City: New York

State: NY

ZIP code: 10019

Phone:

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: Borovikova Armya State Person First Name: Masha
Agency or Legislative Body of Employment: Manhattan Psychiatric Center / OMH
Public Office Address: 600 East 125th St.
City: New York State: NY ZIP code: 10035
Phone: 6466726000
Description of Business Relationship(s): Associate Psychologist / State employee

Compensation (Actual or Anticipated):	\$ 71,000	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 71,000	.00

Beginning date of Business Relationship (Actual or Anticipated): Month: March Year: 2018
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

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: Karol D. Mason DATE: 7/18/2018

PRINT NAME: LAST Mason FIRST Karol
Mark One: ☒ Chief Administrative Officer ☐ Designee (Attach Letter)

De 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 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.

III(a) Fill out this section ONLY for additional Relationship(s) with different Entity/Entities.

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:

III(b) Fill out this section ONLY for additional State Person with the Requisite Involvement in an Entity previously listed.

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:

Continued on next page

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.

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:		State Person First Name:	
Agency or Legislative Body of Employment:			
Public Office Address:			
City:	State:	ZIP code:	
Phone:			
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:

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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

Year: January 1, 2018 through June 30, 2018.

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JUL 16 2018

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th Street

City: NY

State: NY

ZIP code: 10019

Phone: 917-841-5365

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: ☐

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: Cosgrove

State Person First Name: Daniel

Agency or Legislative Body of Employment: MTA Metro-North Railroad

Public Office Address: 420 Lexington Avenue

City: NY

State: NY

ZIP code: 10170

Phone: 212-878-7000

Description of Business Relationship(s): Security Specialist employed full time by Metro-North Railroad, a division of the MTA

Compensation (Actual or Anticipated): \$ 30,000 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 30,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 03 Year: 2017

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

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:

DATE:

Karol C. Mason

7/15/2018

PRINT NAME: LAST

Mason

FIRST

KAROL

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: January 1, 2018 - June 30, 2018

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd
 JUL 16 2018

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th Street

City: New York

State: NY

ZIP code: 10019

Phone: 212-237-8000

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: ☐

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: Rhatigan

State Person First Name: Catrina

Agency or Legislative Body of Employment: Nassau County

Public Office Address: 1490 Franklin Avenue

City: Mineola

State: NY

ZIP code: 11501

Phone: 516-573-7000

Description of Business Relationship(s): Employee

Compensation (Actual or Anticipated): \$ 180,000 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated):

\$ 180,000 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: 03

Year: 2008

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

Month: N/A

Year:

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: Karol U. Mason

DATE: 7/18/2018

PRINT NAME: LAST

Mason

FIRST

Karol

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: **JAN 1st 2018 - JUNE 30 2018.**

Fill in circle if amendment ☒

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JUL 16 2018

II Client Information

Name: **JOHN JAY COLLEGE of CRIMINAL JUSTICE**

Permanent Business Address: **524 W. 59th STREET**

City: **NY**

State: **NY**

ZIP code: **10019**

Phone:

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: **N/A**

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: ☒

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: **BERKO**

State Person First Name: **ZOE A**

Agency or Legislative Body of Employment: **NY STATE OFFICE of CHILDREN + FAMILY SERVICES**

Public Office Address: **419 SPOOK ROCK Rd**

City: **CLAVERTON**

State: **NY**

ZIP code: **12513**

Phone: **518-851-3211**

Description of Business Relationship(s):

FULL TIME POSITION AS CLINICAL PSYCHOLOGIST

Compensation (Actual or Anticipated):

\$ **68,000** .00

Expenses (Actual or Anticipated):

\$.00

Total Compensation and Expenses (Actual or Anticipated):

\$ **68,000.00**

Beginning date of Business Relationship (Actual or Anticipated):

Month: **12**

Year: **2015**

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

Month:

Year:

ONGOING

Check here if using addendum sheet for additional State Person(s): ☐ **N/A**

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 and belief.

X SIGNATURE:

Karol V. Mason

DATE: **7/5/2018**

PRINT NAME: LAST

Mason

FIRST

Karol

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)

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State: NY

ZIP code: 10019

Phone:

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: ☐

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: Feldman

State Person First Name: Daniel

Agency or Legislative Body of Employment: Office of the New York State Comptroller

Public Office Address: 110 State Street

City: Albany

State: NY

ZIP code: 12236

Phone: 518-486-9840

Description of Business Relationship(s): I do legal work for the Comptroller one day a week.

Compensation (Actual or Anticipated): \$ 12,000 .00

Expenses (Actual or Anticipated): \$ 1500 .00

Total Compensation and Expenses (Actual or Anticipated): \$ 13,500 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: August Year: 2010

End date of Business Relationship (Actual or Anticipated) if applicable: Month: July Year: 2018

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: Karel V. Mason DATE: 7/5/2018

PRINT NAME: LAST Mason

FIRST Karel

Mark One:

☒ Chief Administrative Officer

☐ Designee (Attach Letter)