Print Form

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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

| Reporting Information

Year: 2018

Completely fill in one circle.

Print legible numbers and block letters, no script.

Fill in circle if amendment O	2018	Rcc'd
Il Client Information		
Name: John Jay College / CUNY		
Permanent Business Address: 524 West 59th St.		
City: New York State: NY ZIP code: 1001	19	
Phone:	_	
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, and fill out Section IV.	skip this s	ection
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	e Entity:	0
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:		0

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: Masha State Person Last Name: Borovikova Armyn Agency or Legislative Body of Employment: Manhattan Psychiatric Center / OMH Public Office Address: 600 East 125th St. ZIP code: 10035 State: NY City: New York Phone: 6466726000 Description of Business Relationship(s): Associate Psychologist / State employee .00 \$71,000 Compensation (Actual or Anticipated): .00 Expenses (Actual or Anticipated): .00 \$71,000 Total Compensation and Expenses (Actual or Anticipated): Year: 2018 Month: March Beginning date of Business Relationship (Actual or Anticipated): Year: End date of Business Relationship (Actual or Anticipated) if applicable: Month:

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.

rais 1). Mason DATE: 7/5/2018

PRINT NAME: LAST

Check here if using addendum sheet for additional State Person(s): \bigcirc

FIRST KAROL

Mark One:

Chief Administrative Officer

O Designee (Attach Letter)

De

Addendum Sheet for Sections III and IV

Please ne following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

Busine: Instructions:	ss Relationship with an E Fill out this section only if the Rela and fill out Section IV. Fill out this section ONLY for additi	tionship is with an Entity. If the			n
Entity Name:					
Entity Address		população por las distantes de la completa e a conferencia de completa e a completa e a completa de completa e			(CREASE)
City:	Bernamento essato con triba trata trata trata trata trebano en con trata con con trata trata trata trata trata	State:		ZIP code:	Appropriate
Phone:		e estado con respecto a parte e servan en el manero en estado del el abrillo del como estado de la como estado de como estado		en el le en antière en anna en anna tentral de la transitation de la companya de la companya de la companya de	
	with the Requisite Involvement	in the Entity:	enterente entre des escritos en la lacunda en la compressa en entre de la conferencia de la conferencia de la c		tonio.
Last name:		First name:			
	's Agency or Legislative Body of	Employment:	deletera del comencia del Partico de Companyo de Companyo de La Companyo de Companyo de Companyo de Companyo d Se esperando de Companyo de		
Public Office	a policy state of the property of the control of th		and the second s		
City:	A Company of the Comp	State:	and the second	ZIP code:	
Phone:					
Check here	if using addendum sheet for add	ditional State Person(s) with	n the Requisite	Involvement in the Entity:	
Description of	of Business Relationship(s):	and the state of t			
Expenses (Ad	on (Actual or Anticipated): ctual or Anticipated):	\$ \$.00		
Total Compe	ensation and Expenses (Actual c	or Anticipated):	\$.00	
THE PERSON NAMED IN COLUMN 2 I	ate of Business Relationship (Act Business Relationship (Actual or		Month:	Year: Year:	
III(b)	Fill out this section ONLY for addition	onal State Person with the Rec	quisite Involveme	nt in an Entity previously listed.	
Entity Name:					
Entity Addres	SS:				
City:		State:		ZIP code:	
Phone:					
State Person	with the Requisite Involvement i	n the Entity:			
Last name:		First name:			
State Person	s Agency or Legislative Body of	Employment:			
Public Office	Address:				
City:		State:		ZIP code:	
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, preuse make a copy of this sheet.

IV Business Relationship with a Sta Instructions: Fill out this section only if the Relati and fill out Section III.		. If the Relation	onship is with an En	tity, skip this se
State Person Last Name:	State Person First Name:			
Agency or Legislative Body of Employment:				
Public Office Address:				
City:	State:		ZIP code:	- Francis Consider, Control constitutions and a second control of the second
Phone:		- 1965 san 1980 kwa 1984 Malikara 1964 kwa 1964 kwa 1965		
Description of Business Relationship(s):				
				t Market Adams and the contract of the designation of the designation of the contract of the c
		est a sensitivity of the set of the sense and Affect the		otomotromi (vicini avianimentamiani kiristi nutai
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or	Anticipated):	\$.00
Beginning date of Business Relationship (Actua	al or Anticipated):	Month:	Yea	
End date of Business Relationship (Actual or A	nticipated) if applicable:	Month:	Yea	te i massitum kilummumikat mese T

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	FC	R OFFICE USE ON	"JCOPE" Rec'd
Year: January 1, 2018 through June 30, 2018.			PE" R
Fill in circle if amendment			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			"JU
II Client Information			10100
Name: John Jay College/CUNY			a
Permanent Business Address: 524 West 59th Stree	<u>*</u>		
City: NY	State: NY	Z	P code: 10019
Phone: 917-841-5365	in a construction of the c	Salara de la Salara de Sal	
III Business Relationship with an En Instructions: Fill out this section only if the Relatio and fill out Section IV.	tity onship is with an Entity. If the R	Relationship is with a	State Person, skip this section
Entity Name:	and the second of the second o		
Entity Address:			
City:	State:		IP code:
Phone:			
State Person with the Requisite Involvement in	the Entity:		
Last name:	First name:		
State Person's Agency or Legislative Body of E	Employment:		
Public Office Address:			
City:	State:	Ž	IP code:
Phone:	1 -0	-4000-	- W. V.
Check here if using addendum sheet for addi	tional State Person(s) with	lhe Requisite Invo	lvement in the Entity: $$
Description of Business Relationship(s):			
60 (1 1			
Compensation (Actual or Anticipated):	\$.00	
Expenses (Actual or Anticipated):	\$.00	
Total Compensation and Expenses (Actual or	Anticipated):	\$.00
Desired and the of Desired Desired Desired Assets	al or Anticipated).	Month:	Year:
Beginning date of Business Relationship (Actual or A		Month:	Year:
End date of Business Relationship (Actual or A			
Check here if using addendum sheet for addi	nonai keianonsnip(s) with (amerem emmy/em	IIIE3.

Instructions:	ss Relationship with a Sto Fill out this section only if the Relati and fill out Section III.		son. If the Relationship	is with an Entity, skip this section
State Person	Last Name: Cosgrove	State P	erson First Name: Dan	iel
Agency or Le	egislative Body of Employment: M	TA Metro-North Railroad		
Public Office	Address: 420 Lexington Avenue		or the company of the control and N. Santa de all Lands and Lands and	
City: NY		State: N	Υ	ZIP code: 10170
Phone: 212-8	78-7000			
Description of	of Business Relationship(s):Security	Specialist employed full ti	me by Metro-North Railro	ad, a division of the MTA
Compensation	on (Actual or Anticipated):	\$ 30,000	.00	
Expenses (Ad	ctual or Anticipated):	\$0	.00	e en
Total Compe	ensation and Expenses (Actual or	Anticipated):	\$30,000	.00
Beginning do	ate of Business Relationship (Actu	al or Anticipated):	Month: 03	Year: 2017
End date of	Business Relationship (Actual or A	nticipated) if applicat	ole: Month :	Year:
Check here	if using addendum sheet for add	tional State Person(s):	0	The constitution is also some way and a significant of pro-
V Declar	ation			
This Declaration	on must be signed by the Chief A not sign, he/she must duly desigr	Administrative Officer. nate another person to	If the Chief Administro sign this Declaration	ative Officer, for any) (See instructions.)
	nder penalty of perjury that d complete to the best of r			eport is true,
X SIGNATU	JRE: Garal W. Masos AME: LAST MASON	DATE:	715/2018	
PRINT NA	AME: LAST MASON	FIRST	CARO	
Mark Or		e Officer O Des	anee(Attach Letter)	

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, r	no script.			
Reporting Information		FOR OFFICE	USE ONLY	
Year: January 1, 2018 - June 30, 2018		7		, p. 0.
Fill in circle if amendment				JCOPE" Rec'd JUL 1 6 2018
Thin to circle it differentiation				16 16
				"JCOPE" JUL 16
Il Client Information	Y INC.			
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 Relationshi and fill out Section IV.	p is with an Entil	ly. If the Relationship	o is with a State Person, sk	ip this section
Entity Name:				
Entity Address:	C1 1		710	
City:	State) :	ZIP code:	
Phone:	E 10			
State Person with the Requisite Involvement in the		*		
Last name:		name:		
State Person's Agency or Legislative Body of Empl	oyment:			
Public Office Address:				
City:	State):	ZIP code:	
Phone:				
Check here if using addendum sheet for addition	al State Person	ı(s) with the Requi	site Involvement in the	Entity:
Description of Business Relationship(s):				
3 "				
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or Anti	cipated):		\$.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:

0

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: Catrina State Person Last Name: Rhatigan 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:

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.

Mark One:

and 2. Mason DATE: 7/5/2018

Check here if using addendum sheet for additional State Person(s): 🔘

PRINT NAME: LAST

Chief Administrative Officer

O Designee(Attach Letter)

THE CLIENT DUS		HUNSHIP FU	JRIVI	
Marking Instructions: Please type or use blue or blue Completely fill in one circle. Print legible numbers and blo				
I Reporting Information		FOR OFFICE USE	ONLY	
Year: JAN 1st 2018 - TUNE	70 2018		Company Committee Committe	Rec'd 2018
Fill in circle if amendment	,			E''R
	•			JUL 1 6 2018
	1			ź –
Il Client Information				W (2)
Name: TOHN TAY COLLEGE Permanent Business Address: S24 W	of CKIMINAL &	T4V71CE		- North Comment
Permanent Business Address: S24 W	59th STREET	y t		
City: WY		NY	ZIP code: 10019	
Phone:		*		•
III Business Relationship with an	Entity			
nstructions: Fill out this section only if the Rel and fill out Section IV.	ationship is with an Entity	. If the Relationship is wit	n a State Person, skip ti	nis sectio
Entity Name: NA				
Entity Address:				
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involvement	in the Entity:	-		
ast name:	First no	me:		
state Person's Agency or Legislative Body o	f Employment:			
Public Office Address:			lei ,	
City:	State:	assisted of the	ZIP code:	
Phone:				
Check here if using addendum sheet for ad	ditional State Person(s)) with the Requisite Inv	olvement in the Entit	y: O
Description of Business Relationship(s):	1 2			
			1	
and the second			,	
Compensation (Actual or Anticipated):	\$.00		
xpenses (Actual or Anticipated):	\$.00		
otal Compensation and Expenses (Actual o	•	\$.00	
		B reasonable company and place about		
eginning date of Business Relationship (Act	ual or Anticipated):	Month:	Year:	
	on or sumorparous.		4 6 6111	
nd date of Business Relationship (Actual or			Year:	

Instructions: Hill out this section only if the Relation	
	nship is with a State Person. If the Relationship is with an Entity, skip this sec
State Person Last Name: BER KO	State Person First Name: ZoE A
Agency or Legislative Body of Employment:	VY UTATE OFFICE of CHUDGEN + FAMILY
TOOK CHICE Address, II TOOK LO	CK Rd JELVICET
	State: NY ZIP code: 12513
Phone: 518 - 851 - 3211	
Description of Business Relationship(s):	
FALL TIME POSTION	AS CUNICAL PSYCHOLOGIST
Compensation (Actual or Anticipated):	
Expenses (Actual or Anticipated):	\$ 68,000 .00
Total Compensation and Expenses (Actual or A	\$.00
ZAPONISCS (ACIDAL OF A	(\$ 68,000.00
Beginning date of Business Relationship (Actual	or Anticipatodi.
End date of Business Relationship (Actual or Anti	cinated if another the
ONGUINE	cipated) if applicable: Month: Year:
Check here if using addendum should be	
Check here if using addendum sheet for addition	nal State Person(s): O W/A
V Declaration	
This Declaration must be signed by the Chief Adn	ninistrative Officer. If the Chief Administrative Officer, for any
	(See Instructions.)
I declare under penalty of perjury that the	ne information contained in this report is true,
	ge and belief.
* SIGNATURE: Kare V. Mase	DATE: 7/5/2018
PRINT NAME: LAST	FIRST KAROL
Mark One: © Chief Administrative O	
	, , , , , , , , , , , , , , , , , , , ,

FOR OFFICE USE ONLY

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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

Reporting Information

Completely fill in one circle.

Print legible numbers and block letters, no script.

Year: Jan. 1, 2018 through June 30, 2018 				JUL 16
			-	of.,
II Client Information				
Name: John Jay College/CUNY				
Permanent Business Address: 524 West 59 Street				
City: New York	State: NY		ZIP code: 10019	
Phone:				
III Business Relationship with an Enti Instructions: Fill out this section only if the Relation and fill out Section IV.	ty ship is with an Entity. If th	e Relationship is wit	h a State Person, sk	ip this sectio
Entity Name:	<i>i</i>			
Entity Address:				
City:	State:		ZIP code:	
Phone:				
State Person with the Requisite Involvement in t	he Entity:			
Last name:	First name	:		
State Person's Agency or Legislative Body of Em	nployment:			
Public Office Address:				
City:	State:		ZIP code:	
Phone:				
Check here if using addendum sheet for addition	onal State Person(s) wi	th the Requisite In	volvement in the	Entity:
Description of Business Relationship(s):				
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or A	nticipated):	\$		00
Beginning date of Business Relationship (Actual	or Anticipated):	Month:	Year:	
End date of Business Relationship (Actual or An	ticipated) if applicable	e: Month:	Year:	

Check here if using addendum sheet for additional Relationship(s) with different Entity/Entities:

0

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 Instructions: and fill out Section III. State Person First Name: Daniel State Person Last Name: Feldman Agency or Legislative Body of Employment: Office of the New York State Comptroller Public Office Address: 110 State Streeet ZIP code: 12236 State: NY City: Albany Phone: 518-486-9840 Description of Business Relationship(s): I do legal work for the Comptroller one day a week. \$12,000 .00 Compensation (Actual or Anticipated): .00 \$1500 Expenses (Actual or Anticipated): \$13,500 .00 Total Compensation and Expenses (Actual or Anticipated): Year: 2010 Beginning date of Business Relationship (Actual or Anticipated): Month: August

Check here if using addendum sheet for additional State Person(s):

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

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:

and V. Mason

DATE:

7/5/2018

Month: July

Year: 2018

PRINT NAME: LAST

MASON

FIRST

O Designee(Attach Letter)

Mark One: