

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: 2011

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

"JCOPE" Rec'd

MAR 07 2017

II Client Information

Name: Pace University

Permanent Business Address: 163 William Street

City: New York

State: NY

ZIP code: 10038

Phone: 212-346-1274

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: Farrington

State Person First Name: Eileen

Agency or Legislative Body of Employment: Westchester Medical Center

Public Office Address: 100 Woods Rd.

City: Valhalla

State: NY

ZIP code: 10595

Phone: 914-493-6687

Description of Business Relationship(s): Ms. Farrington is an Adjunct Professor at Pace University

Compensation (Actual or Anticipated): \$ 1,458 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$1,458 .00

Beginning date of Business Relationship (Actual or Anticipated):

Month: August

Year: 2011

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

Month: December

Year: 2011

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:

PRINT NAME: LAST

FIRST

Mark One:

☐ Chief Administrative Officer

☒ Designee (Attach Letter)