NY STATE LOBBYIST 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	OR OFFICE USE	ONLY	. 6
Biennial Period: 2013-2014				"JCOPE" Rec'd	
Fill in circle if amendment O			•		
				MAR 0 7 2017	
II Principal Lobbyist Information	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		
PRINCIPAL LOBBYIST NAME: Organization: P			· · · · · · · · · · · · · · · · · · ·		
lor		First Manager			
Last Name:		First Name:	•		
Permanent Business Address: 163 William Stre	et	State: NY		7ID and at 10020	
City: New York				ZIP code: 10038	
Business Phone: 212-346-1274		Fax Number			
Business Relationship with an Instructions:	Entity	an Entity II the	Polotionship is w	th a State Parroe skin	this section
and fill out Section IV.	eimischeimh is will i	uli sinnya nanca	neighbilsinp is w	arr o arero i eravir, anip	rijis section
Entity Name:					
Entity Address:					
City:		State:		ZIP code:	
Phone:	•				
State Person with the Requisite Involveme	nt in the Entity:				
Last name:	•	First name:			٠.
State Person's Agency or Legislative Body	of Employment	b			
Public Office Address:		· •			
City:		State:		ZIP code:	
Phone:				_,,,,	
Check here if using addendum sheet for	additional State	: Person(s) with	the Requisite I	nvolvement in the F	ntity: O
Description of Business Relationship(s):			mo kogolono i		
Description of beamess relationship (5).					
Componentian (A atual or Anticipated):	ė		.00		
Compensation (Actual or Anticipated):	\$				
Expenses (Actual or Anticipated):	\$ 	n.	.00		51
Total Compensation and Expenses (Actua	al or Anticipated	ı);	\$.0	<u> </u>
		421) -	44 41	*. ** = ====	
Beginning date of Business Relationship (A		F +	Month:	Year:	.
End date of Business Relationship (Actual	or Anticipated)	it applicable:	Month:	Year:	· · ·

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

O

State Person Last Name:Farington	State Perso	on First I	Vame:Eileen	
Agency or Legislative Body of Employment: W	estchester Medical Center			
Public Office Address: 100 Woods Rd.				
City: Valhalla	State:NY		ZIP co	ode: 10595
Phone: 914-493-6687				
Description of Business Relationship(s): Ms. Farri	ngton is an Adjunct Professor	at Pace U	niversity	
		•		
en e	·			
Compensation (Actual or Anticipated):	\$ 7000	.00		
Expenses (Actual or Anticipated):	\$ 0	.00		
Total Compensation and Expenses (Actual or	Anticipated):		\$7000	.00
	•	•		
Beginning date of Business Relationship (Actu	al or Anticipated):	Mon	lh:January	Year: 2013
End date of Business Relationship (Actual or A	· · · · · · · · · · · · · · · · · · ·	Mon	h:December	Year: 2014
				2.5
Check here if using addendum sheet for add	itional State Person(s): U			

This Declaration must be signed by the principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (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

\$ 60× 79

DATE:

FIRST

Mark One: O Prin

PRINT NAME: LAST

O Principal Lobbyist

O Chief Administrative Officer

Designee (Attach Letter)

NY STATE LOBBYIST 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:

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

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

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Reporting Information		FOR OFFICE	USE ONLY W	"JCOPE" Rec'd MAY 0 8 2018
Biennial Period: 2013-2014				
Fill in circle if amendment 🛭 🖔				SPE
			9	"JCOPE" MAY 08
		nr. 117	<u> </u>	
Il Principal Lobbyist Information				
PRINCIPAL LOBBYIST NAME: Organization: Pace or	e University		\$	
Last Name:	Fire	st Name:		
Permanent Business Address: 163 William Street				
City: New York	St	ate: NY	ZIP code: 10038	
Business Phone: 212-346-1274	Fc	ax Number:		
	ntitv			
instructions: Fill out this section only if the Relat	ionship is with an E	nlity. If the Relationship	is wilh a State Person, skip	this section
Entity Name: Entity Address:				
City:	64	ato:	710 anda.	
Phone:	31	ate:	ZIP code:	
State Person with the Requisite Involvement i	in the Eatity		•	
Last name:		st name:		
State Person's Agency or Legislative Body of		si ricinie.		
Public Office Address:	епроупен.			
City:	\$1,	ate:	ZIP code:	
Phone:	JI.	aic.	ZII COGE.	
Check here if using addendum sheet for add	litional State Pers	on(s) with the Requisi	te Involvement in the Fi	ntity:
Description of Business Relationship(s):	monar state 1 crs	on(s) with the Regular	e myorvement in me ti	mry.
Description of Bosiness Note not is imply?			•	
Compensation (Actual or Anticipated):	\$.00		
Expenses (Actual or Anticipated):	\$.00		
Total Compensation and Expenses (Actual or	r Anticipated);		.00.)
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Beginning date of Business Relationship (Actu	al or Anticipatea	Month:	Year:	

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Year:

Month:

IV Business Relationship with a Stat Instructions: Fill out this section only if the Relation and fill out Section III.		li the Relationship is w	vith an Enlity, skip this section
State Person Last Name:Farrington	State Perso	n First Name:Eileen	
Agency or Legislative Body of Employment: Wes	stchester Medical Center		
Public Office Address: 100 Woods Road	·		
City: Valhalla	State:NY	ZIP	code: 10595
Phone: 914-493-6687			
Description of Business Relationship(s): Ms. Faring	ton is an Adjunct Professor at	Pace University.	
Compensation (Actual or Anticipated):	\$ 7000	.00	
Expenses (Actual or Anticipated):	\$0	.00	
Total Compensation and Expenses (Actual or A	.nticipated) <u>:</u>	\$7000	.00
Beginning date of Business Relationship (Actual	or Anticipated):	Month:January	Year: 2017
End date of Business Relationship (Actual or Ant	ticipated) if applicable:	Month:	Year:
Check here if using addendum sheet for addition	onal State Person(s): 🛭		
	HPH and deleganger processing and deleganger		

V Declaration

This Declaration must be signed by the principal lobbyist. If the principal lobbyist is an organization, the Chief Administrative Officer of such organization must sign this Declaration. (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 perjust that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE

DATE: 5/2/18

PRINT NAME: LAST

FIRST

Mark One: O Principal Lobbyist

X Chief Administrative Officer

O Designee (Attach Letter)

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.

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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: Czerwinski

State Person First Name: Kevin.

Agency or Legislative Body of Employment: New York State Assembly (Assembly Women Amy Paulin's Director of Communication)

Public Office Address: 700 White Plains Rd., Suite 252

City: Scarsdale

State: NY

ZIP code: 10583

Phone: 914-723-1115

Description of Business Relationship(s): Mr. Czerwinski is an adjunct professor at Pace University.

Compensation (Actual or Anticipated)

\$ 48,312

.00

Expenses (Actual or Anticipated):

\$ 0

.00

Total Compensation and Expenses (Actual or Anticipated):

\$48,312

.00

Beginning date of Business Relationship (Actual or Anticipated):

Month: January

Year: 2013

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

Month: Unknown

Year: