

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: 2016

Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPF" Rec'd

JUN 02 2017

II Client Information

Name: Fordham University

Permanent Business Address: 441 E. Fordham Road/113 W. 60th Street/400 Westchester Avenue

City: Bronx/New York/Harrison State: New York ZIP code: 10458/10023/10604

Phone: (718) 817-1000

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: Hibri	State Person First Name: Wael	
Agency or Legislative Body of Employment: Metropolitan Transportation Authority		
Public Office Address: 2 Broadway		
City: New York	State: New York	ZIP code: 10004
Phone: (646) 376-0677		
Description of Business Relationship(s): Dr. Hibri serves as an Adjunct Faculty member at Fordham University in its Gabelli School Of Business.		
Compensation (Actual or Anticipated):	\$ 9,500	.00
Expenses (Actual or Anticipated):	\$ 0	.00
Total Compensation and Expenses (Actual or Anticipated):	\$ 9,500 .00	
Beginning date of Business Relationship (Actual or Anticipated):	Month: September	Year: 2016
End date of Business Relationship (Actual or Anticipated) if applicable:	Month: December	Year: 2016
Check here if using addendum sheet for additional State Person(s): <input type="radio"/>		

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: <i>Thomas A. Dunne</i>	DATE: June 1, 2017
PRINT NAME: LAST Dunne	FIRST Thomas
Mark One: <input checked="" type="checkbox"/> Chief Administrative Officer	<input type="checkbox"/> Designee (Attach Letter)