

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

"JCOPE" Rec'd

DEC 12 2016

II Client Information

Name: Hofstra University

Permanent Business Address: 101 Hofstra University

City: Hempstead

State: NY

ZIP code: 11549-1010

Phone: 516-463-1800

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: Lupinacci

State Person First Name: Chad

Agency or Legislative Body of Employment: NYS Assembly

Public Office Address: 630 New York Avenue, Suite D

City: Huntington

State: NY

ZIP code: 11743

Phone:

Description of Business Relationship(s): Adjunct assistant professor of political science since 2005; assignments subject to availability.

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$4,779.00

Beginning date of Business Relationship (Actual or Anticipated): Month: Year: 2005

End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year: N/A ongoing as needed

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:

12-7-14

PRINT NAME: LAST Fredrich

FIRST Dolores

Mark One:

Chief Administrative Officer

Designee (Attach Letter)