

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: July 1, 2016-December 31, 2016

Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPE" Rec'd

JAN 11 2017

II Client Information

Name: John Jay (CUNY)

Permanent Business Address: 524 West 59th Street

City: New York

State: NY

ZIP code: 10019

Phone:

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: Petrossian

State Person First Name: Gohar

Agency or Legislative Body of Employment: N/A

Public Office Address:

City: State: ZIP code:

Phone:

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 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)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: 2016

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JAN 11 2017

II Client Information

Name: Gerard W. Bryant

Permanent Business Address: 524 West 59th Street L68 NB

City: New York

State: NY

ZIP code: 10019

Phone: (646) 557-4552

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:

State Person First Name:

Agency or Legislative Body of Employment: NYC Board of Correction

Public Office Address: 1 Centre Street, Room 2213

City: New York

State: NY

ZIP code: 10007

Phone: 212-669-7983

Description of Business Relationship(s): Board Member

Compensation (Actual or Anticipated): \$ 0 .00

Expenses (Actual or Anticipated): \$ 0 .00

Total Compensation and Expenses (Actual or Anticipated): \$0 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2016

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

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: December 20, 2016

PRINT NAME: LAST ~~NAME~~ TRAVIS

FIRST ~~NAME~~ Jeremy

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

NY STATE CLIENT BUSINESS RELATIONSHIP FORM

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I Reporting Information

Year: July 1, 2016 - December 31, 2016

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"JCOP" Rec'd

JAN 11 2017

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 W 59th St

City: New York

State: NY

ZIP code: 10019

Phone:

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: Solomon State Person First Name: Solomon Dov
Agency or Legislative Body of Employment: NYS Division of Homeland Security and Emergency Services
Public Office Address: 633 3rd Avenue, 32nd Floor
City: New York State: NY ZIP code: 10017
Phone: 212-822-2613
Description of Business Relationship(s): Full time employee

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: July Year: 2011
End date of Business Relationship (Actual or Anticipated) if applicable: Month: Year:

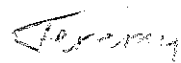
Check here if using addendum sheet for additional State Person(s):

V Declaration

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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 TRAVIS

FIRST Jeremy

Mark One: Chief Administrative Officer Designee (Attach Letter)

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I Reporting Information

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2016-2017

JAN 11 2017

II Client Information

Name: John Jay College/CUNY

Permanent Business Address: 524 West 59th Street

City: N.Y

State: N.Y

ZIP code: 10019

Phone:

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: AYKAC

State Person First Name: ILTER

Agency or Legislative Body of Employment: NYPD

Public Office Address: One Police Plaza

City: New York

State: New York

ZIP code:

Phone:

Description of Business Relationship(s):

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$151.000 .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 State Person(s):

V Declaration

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DATE:

PRINT NAME: LAST

FIRST

Mark One:

Chief Administrative Officer

Designee (Attach Letter)

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JAN 11 2017

II Client Information
Name: John Jay College/CUNY
Permanent Business Address: 524 West 59th Street
City: New York State: NY ZIP code: 10091
Phone: 914-332-8989

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: Airall

State Person First Name: Sara Airall

Agency or Legislative Body of Employment: NYS Office of People with Developmental Disabilities

Public Office Address: 220 White Plains Rd

City: Tarrytown

State: NY

ZIP code: 10591

Phone: 914-332-8989

Description of Business Relationship(s): New York State Psychologist II, From September 2013 - current

Compensation (Actual or Anticipated): \$.00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated):

\$77,455	.00
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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 State Person(s):

V Declaration

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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 TRAVIS

FIRST Jeremy

Mark One: Chief Administrative Officer Designee (Attach Letter)

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: HARRIS State Person First Name: MARTIN

Agency or Legislative Body of Employment: NEW YORK STATE SENTENCING COMMISSION / COURT SYSTEM

Public Office Address: 504 W 59TH ST Room 4227

City: NY State: NY ZIP code: 10019

Phone: 646 557 4324

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 State Person(s):

V Declaration

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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: [Signature] DATE:

PRINT NAME: LAST HARRIS FIRST Jeremy

Mark One: Chief Administrative Officer Designee (Attach Letter)