

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.

I Reporting Information

Biennial Period: 2011-2012
 Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPE" Rec'd
 MAR 07 2017

II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: Pace University
 or
 Last Name: _____ First Name: _____
 Permanent Business Address: 163 William Street
 City: New York State: NY ZIP code: 10038
 Business Phone: 212-346-1274 Fax Number: _____

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): \$ 4,958 .00

Expenses (Actual or Anticipated): \$.00

Total Compensation and Expenses (Actual or Anticipated): \$4,958 .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 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:

DATE:

PRINT NAME: LAST

FIRST

Mark One: Principal Lobbyist

Chief Administrative Officer

Designee (Attach Letter)