

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: 2013

Fill in circle if amendment: ☐

FOR OFFICE USE ONLY "JCOPE" Rec'd ☐

JAN 27 2017

HAND DELIVERED

II Client Information

Name: The Trustees of Columbia University in the City of New York

Permanent Business Address: 535 West 116th Street, Low Library, Room 308

City: New York

State: NY

ZIP code: 10027

Phone: 212-854-3738

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: Kass

State Person First Name: Lloyd

Agency or Legislative Body of Employment: New York Power Authority

Public Office Address: 123 Main Street

City: White Plains

State: NY

ZIP code: 10601

Phone: 914-681-6200

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 12,000 .00

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

Total Compensation and Expenses (Actual or Anticipated):

\$12,000	.00
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Beginning date of Business Relationship (Actual or Anticipated):

Month: 02

Year: 2013

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

Month: 11

Year: 2015

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: January 23, 2017

PRINT NAME: LAST Griffith

FIRST Maxine

Mark One:

☒ Chief Administrative Officer☐ Designee (Attach Letter)

Renewed Addendum Sheet for Sections II 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.

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: Glaser

State Person First Name: Howard

Agency or Legislative Body of Employment: NYS Office of the Governor

Public Office Address: Executive Chamber - State Capitol

City: Albany

State: NY

ZIP code: 12224

Phone: 518-474-8390

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 39,000 .00

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

Total Compensation and Expenses (Actual or Anticipated): \$ 39,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 01 Year: 2011

End date of Business Relationship (Actual or Anticipated) if applicable: Month: 06 Year: 2014