

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.

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I Reporting Information

Year: 2014

Fill in circle if amendment ☐

FOR OFFICE USE ONLY

HAND DELIVERED

"JCOPE" Rec'd

JAN 27 2017

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


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)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

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 First Name:Howard

Public Office Address: Executive Chamber - State Capitol

State: NY

ZIP code: 12224

Description of Business Relationship(s): Adjunct Professor

Total Compensation and Expenses (Actual or Anticipated):	\$ 13,000.00
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End date of Business Relationship (Actual or Anticipated) if applicable: **Month:** 06 **Year:** 2014

Designated Addendum Sheet for Sections III 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: Kelly

State Person First Name: Kevin

Agency or Legislative Body of Employment: NYS Home and Community Renewal

Public Office Address: Hampton Plaza, 38-40 State Street

City: Albany

State: NY

ZIP code: 12207

Phone: 518-473-2526

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 13,000 .00

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

Total Compensation and Expenses (Actual or Anticipated): \$ 13,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 02 Year: 2014

End date of Business Relationship (Actual or Anticipated) if applicable: Month: 09 Year: 2014

DECLASSIFIED ADDENDUM SHEET FOR SECTIONS III 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: Kelly

State Person First Name: Kevin

Agency or Legislative Body of Employment: NYS Energy Research and Development Authority (NYSERDA)

Public Office Address: 1359 Broadway, 19th Floor

City: New York

State: NY

ZIP code: 10018

Phone: 212-971-5342

Description of Business Relationship(s): Adjunct Professor

Compensation (Actual or Anticipated): \$ 13,000 .00

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

Total Compensation and Expenses (Actual or Anticipated): \$ 13,000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: 09 Year: 2014

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