

# 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: 2013-2014  
 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):	\$ 7000	.00		
Expenses (Actual or Anticipated):	\$ 0	.00		
Total Compensation and Expenses (Actual or Anticipated):		<table border="1"><tr><td>\$7000</td><td>.00</td></tr></table>	\$7000	.00
\$7000	.00			

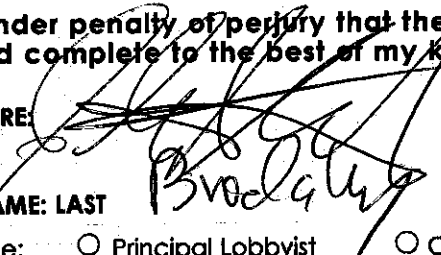
Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013  
End date of Business Relationship (Actual or Anticipated) if applicable: Month: December Year: 2014

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: 3/6/17  
PRINT NAME: LAST Brodsky FIRST Stephen

Mark One:  Principal Lobbyist  Chief Administrative Officer  Designee (Attach Letter)

# NY STATE LOBBYIST BUSINESS RELATIONSHIP FORM

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**I Reporting Information**

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HAND DELIVERED

"JCOPE" Rec'd

MAY 08 2018

**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 Road  
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): \$ 7000 .00  
Expenses (Actual or Anticipated): \$ 0 .00  
Total Compensation and Expenses (Actual or Anticipated): \$7000 .00

Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2017  
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 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: 5/2/18

PRINT NAME: LAST

Brodsky

FIRST

Stephen

Mark One:  Principal Lobbyist  Chief Administrative Officer  Designee (Attach Letter)

## 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: Czerwinski

State Person First Name: Kevin

Agency or Legislative Body of Employment: New York State Assembly (Assembly Women Amy Paulin's Director of Communication)

Public Office Address: 700 White Plains Rd., Suite 252

City: Scarsdale

State: NY

ZIP code: 10583

Phone: 914-723-1115

Description of Business Relationship(s): Mr. Czerwinski is an adjunct professor at Pace University.

Compensation (Actual or Anticipated): \$ 48,312 .00

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

Total Compensation and Expenses (Actual or Anticipated): 

\$ 48,312	.00
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Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2013

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