

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: 2018

Fill in circle if amendment

FOR OFFICE USE ONLY

"JCOPE" Rec'd
JUL 16 2018

II Client Information

Name: Queensborough Community College

Permanent Business Address: 222-05 56 Avenue

City: Bayside

State: NY

ZIP code: 11364

Phone: 718-631-6262

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): \$ 0 .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: Hart State Person First Name: Ernest
Agency or Legislative Body of Employment: New York State Supreme Court
Public Office Address: 88-11 Sutphin Boulevard
City: Jamaica State: NY ZIP code: 11435
Phone: 718-298-0792
Description of Business Relationship(s):

Compensation (Actual or Anticipated):	\$ 17,728	.00
Expenses (Actual or Anticipated):	\$.00
Total Compensation and Expenses (Actual or Anticipated):		\$ 17,728 .00


Beginning date of Business Relationship (Actual or Anticipated): Month: January Year: 2018
End date of Business Relationship (Actual or Anticipated) if applicable: Month: July Year: 2018

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: June 1, 2018

PRINT NAME: LAST Larios FIRST Liza

Mark One: Chief Administrative Officer Designee(Attach Letter)