NAME Jaseph Percoco DATE 2/12/15
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CONFIDENTIAL

OGNYS-BB-00000184



CONFIDENTIAL OGNYS-BB-00000185





## APPOINTMENTS QUESTIONNAIRE

#### All Information is Strictly Confidential

The Appointments Questionnaire is designed to gather detailed information from potential appointees/nominees to positions which may become available within the administration of Governor Andrew M. Cuomo. Every question must be answered. If a question is inapplicable, write "N/A" in the answer space provided. Please attach a copy of your current resume, birth certificate, passport, relevant diplomas, and, if applicable, marriage certificate, divorce decree, or military form DD-214.

Please return the completed material by email to RecruitmentandPublicService@ogs.ny.gov or to the following address:

Office of General Services

Center for Recruitment and Public Service

Corning Tower, 40<sup>th</sup> Floor

Albany, New York 12242

### SECTION 1

IAME AND CONTACT INFOR		· · · · · · · · · · · · · · · · · · ·	
Percoco	Toseal	MIDDLE	
AIDEN NAME (IF APPLICABLE)	ALL OTHER NAMES USED	-	
-	Joe, ains	Reple	
ATE OF BIRTH 5 / 1969	WORK TELEPHONE NUMBER	FAX NUMBER	
ELLULAR PHONE NUMBER	EMAIL ADDRESS		
OME PHONE NUMBER	HOME ADDRESS	^ ^	
	2 mill Store L	ore, South Sale	M. A
Have you used a name other than the why:	ne one given above? If so, please :	set forth the name(s) and explain	105

CONFIDENTIAL OGNYS-BB-00000186

SECTION 2 NA

RETIREMENT	Please list any retirement plan (pension, deferred compensation spouse/partner from which you are currently drawing or eligible	
SELF:	PLAN:	Currently Drawing/ Eligible to Draw YES□ NO□
SPOUSE:	PLAN:	Currently Drawing/ Eligible to Draw

1. Please list any <u>uncompensated</u> board position, office, trusteeship, directorship, partnership, or position of <u>any</u> nature, held by <u>you or your spouse</u> with any organization, firm, corporation, partnership or other association. (You may attach a current resume if necessary.)

Position	Organization	Self/Spouse
	·	
٠.		

2. Please list all governmental positions (federal, state or local) in which you have served or presently are serving, **including** uncompensated positions on governmental boards and commissions. Please indicate dates.

	Government Entity	Position	Dates,	1
	US Govt	Special USS+ 1 ASSOC. Com	ud 5/99 -	1/01
	Mys Grut	Exec Rep Secrefity	1/11 4/14	٠
	MYS God (AG)	Speed courset	1/07-12/10	ن
c.	NYC but	Julia Advacate/Majors offe	985-10/9	ç

3. Identify any civic, educational or charitable organizations of which you are a member. Specify the name and address of the organization, the dates of your membership, whether such organization has a contract with or otherwise receives money from New York State or any municipality within New York State, and any title that you held in the organization.

Mill		Date(s) of	NYS Contract/Money
Organization	Address	Membership/Title	Received (if any)
	·	.,	
			#:

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Organizat	ion	S	tate Entity			Relation	aship
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· d	July Office	Held	litical parties  Pates	s or election	Compe	nsation ]	g the pas Received
Andrew Cuen	Canga	ign Mgr	4/14 -	14/14	YES	NO NO	· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·	*	YES YES	NO ON	
						-	
Unless otherwise sp authority, please list of \$1,000, for you a not limited to, state directorships and of	t below all sound your spouses alary, incomber fiduciary p	rces of incom se for the last ne from other opositions, cont	e, and estim twelve mon compensated ractual arran	ated amour ths. Source lemployments, to gements, to	nts for each es of incon ent whethe eaching in	n source me incluer public come, pa	in excess de, <u>but a</u> or private rtnership
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# 8. If you answer "YES" to any of the following questions, please provide a detailed explanation. Attach a separate sheet if necessary.

	Y	N
(a) Have you ever been convicted of, or entered into a plea of guilty or nolo contendere to any felony or misdemeanor which has not been sealed?		X
(b) Have you ever been convicted of or pleaded guilty to a motor vehicle offense, excluding parking tickets or other non-moving violation, or have you ever had your license suspended or revoked?	X	
(c) Have you ever been disciplined by any court, administrative agency, professional association, disciplinary committee or other professional group, or the subject of any proceeding, inquiry or investigation by any professional association, including bar association, of which you were or are a member?		X
(d) Are there any criminal actions or proceedings currently pending against you?		K
(e) Have you ever had an employment discrimination or sexual harassment charge filed against you that has been substantiated or otherwise upheld by a court of law, administrative agency, arbitrator or grievance committee or such charge settled or otherwise resolved with a finding or acknowledgement that you were at fault?		X
(f) Are you presently, or have you ever been named as a defendant or respondent in any agency proceeding or civil litigation?		X
(g) Has any business in which you are or were an owner, officer, director or partner, been a plaintiff or a defendant in a civil lawsuit?	X	
(h) Is anyone currently threatening to sue you or any business in which you are an owner, officer, director or partner?		X
(i) Are there currently any unsatisfied liens or judgments against you or any business in which you are an owner, officer, director or partner?		X
(j) Are you in arrears on any child support and/or maintenance obligations?		X
(k) Are you or any businesses in which you are an owner, officer, director or partner in default of tax obligations to federal, state or local authorities?		X
(I) Are there any tax liens currently assessed or pending against you, any business in	1	
which you are an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest?		X
(m) Are you in arrears on the repayment of any loans?		M
(n) Were you ever expelled, suspended, placed on probation, or subject to any other disciplinary action while attending college or graduate school?	X	
(o) Are you a resident of New York State?	X	200
(p) Do you, or any immediate family member own or have any interest in real property that has been cited for health, safety or environmental violations by federal, state or local authorities?		X
(q) Have you or any member of your immediate family engaged in any lobbying activities within the last five years?		X
(r) Have you or any member of your immediate family previously registered with the Temporary Commission on Lobbying, the Public Integrity Commission, or Joint Commission on Public Ethics?		X
(s) Have you failed to file your federal or state income tax returns at any time within the last ten years?		X
(t) Have you ever had an order of protection entered against you in a court proceeding?		IXI
(u) Have you ever been cited for contempt of any court, legislative, civil or criminal investigative body or grand jury?		X
(v) Have you, your spouse or any corporation, firm, partnership or other business enterprise or non-profit organization or other institution in which you or your spouse have served as an owner, officer, director, trustee or partner ever filed a petition for	X	

bankruptcy under the U.S. Bankruptcy Code?  (w) Within the last 5 years, have you employed any domestic or household help,		
(W) Within the last 5 years have you ampleyed any demostic on household help		
(w) within the last 3 years, have you employed any domestic or nousehold nelp,		
including but not limited to a housekeeper, babysitter, nanny or gardener for whom		
you did not pay withholding taxes or other employment-related assessments		
(including but not limited to unemployment insurance or workers' compensation	1	<u> </u>
payments)?		
(x) With respect to such individuals identified in (w), were such individuals United States	15.01	
citizens or documented aliens?	X	
(y) Have you ever been involuntarily terminated from a job or position or resigned from		
a job or position after being informed that you would be involuntarily terminated?		
(z) Have you ever maintained a weblog ("blog')? If so, please provide URL address,		1/21
and dates on which the blog was maintained, or which you wrote?		X
(on) Do you have any relationship many and a good of the first	┞┶┵╢	<u> </u>
(aa) Do you have any relationship, personal or professional, with any persons		7
employed by or engaged in business with the agency, board or authority to which		X
you seek appointment?		
(bb) Do you have any commitments or agreements to pursue outside employment, with or		
without compensation, while you may be employed by the State of New York?		
(cc) Do you, your spouse or immediate family member own or have any interest in		
any real property which during the time of such ownership has been cited for health		
or environmental violations, been condemned or closed, or been determined to		
contain hazardous materials by any federal, state, or local authority?		
9.	Y	N
Are there any matters which may involve a conflict of interest or an appearance of such a		
conflict or any problem in connection with your appointment to the position for which		
you are being considered, which are not fully covered by your answers to this		
Journal of the formation of the first of the	i 1	
questionnaire?		
	pose to	o
If yes, please set forth the pertinent facts below, including an explanation of how you would pro-	opose to	0
If yes, please set forth the pertinent facts below, including an explanation of how you would prove resolve such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.	opose to	o 
If yes, please set forth the pertinent facts below, including an explanation of how you would prove such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you		***********
If yes, please set forth the pertinent facts below, including an explanation of how you would prove such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you consent to a copy of this questionnaire being reviewed by the Senate Finance Committee		***************************************
If yes, please set forth the pertinent facts below, including an explanation of how you would prove such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you		***************************************

12/1/14

# Joseph Percoco

## AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION INCLUDING TAX INFORMATION AND CERTIFICATION

- A. I understand that if appointed, any false statement or information provided during the appointment process may result in dismissal. I further understand that this questionnaire is not, and is not intended to be, a contract of employment, nor does this questionnaire obligate the Cuomo Administration in any way. You are hereby authorized to make any investigation of my background, including prior employment information and education preparation. You are also authorized to make any investigation of credit reports, court records and criminal activity through any law enforcement, investigative or credit agencies or bureaus of your choice. I hereby release from liability the Cuomo Administration, its individual members and advisors, the State of New York, and all persons and agencies supplying such information to them, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.
- B. I further authorize the Department of Taxation and Finance to examine any of my personal income tax returns for any year, including any schedules and attachments to those returns, for the purpose of ascertaining the correctness of those returns, schedules and attachments. I also authorize the Tax Department to inspect any correspondence, including protests that I may have had with the Department concerning those returns, schedules or attachments. If the Department of Taxation and Finance determines that any return, schedule or attachment is incorrect in any detail, or information in any correspondence or protest might affect my personal tax liability for the past or future years, I authorize the Department of Taxation and Finance to disclose those returns, schedules, attachments and correspondence as well as any information learned during an investigation of personal income tax liability, to the Counsel to the Governor or his/her designee and to discuss its findings with said Counsel or such designee. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

			and that, to the best of my
the information	n I have supplied is comp	lete, true and accurate.	
Signature:	41		_
Print Name:	Josep L	Percuca	
Date:	11/25/14		_

My Social Security Number is:\_\_\_

It is the policy of the Cuomo Administration that no person shall, on the basis of age, race, religion, creed, color, national origin, sexual orientation, military status, sex, disability, pre-disposing genetic characteristics, marital status, relevant criminal record history, domestic violence victim status, or gender identity be unlawfully excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of the State's programs or activities.

Chamb!

knowledge,

#### ACKNOWLEDGEMENT

STATE OF NEW YORK)	
COUNTY OF Albert) SS:  On this 15d day of Cember	44
Jack Percoco, tom	e known and known to me to be the individual described and he/she acknowledged to me that he/she executed the
NANCY L. NEMETH  Horary Public, State of New York  C. G. (MEMODUMA)  Judanic J. (Albany Count,  Commission Expires June 29, 20	NANOV ( SET OFFICE V Notice ( V GET)  Commission expires out a commission of the com

## PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS APPOINTMENTS QUESTIONNAIRE CHECKLIST

#### Before returning your questionnaire, please remember to:

- 1.  $\square$  Review the questionnaire to ensure <u>ALL</u> questions have been answered.
- 2. Include any necessary attachments, such as a resume or separate sheets needed to provide detailed explanations to any questions that may require it.
- 4.  $\square$  Keep a copy of the completed questionnaire for your records.





## APPOINTMENTS QUESTIONNAIRE

#### All Information is Strictly Confidential

The Appointments Questionnaire is designed to gather detailed information from potential appointees/nominees to positions which may become available within the administration of Governor Andrew M. Cuomo. Every question must be answered. If a question is inapplicable, write "N/A" in the answer space provided. Please attach a copy of your current resume, birth certificate, passport, relevant diplomas, and, if applicable, marriage certificate, divorce decree, or military form DD-214.

Please return the completed material by email to RecruitmentandPublicService@ogs.ny.gov or to the following address:

Office of General Services

Center for Recruitment and Public Service

Corning Tower, 40<sup>th</sup> Floor

Albany, New York 12242

## SECTION 1

NAME AND CONTACT INFO	a deposit a constant for	- Hippie	
Percoco	Joseph	MIDDLE	
MAIDEN NAME (IF APPLICABLE)	ALL OTHER NAMES USEL	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	**
	Toe, a	i wegge	
DATE OF BIRTH 5 / 1969	WORK TELEPHONE NUME	BER FAX NUMBER	
CELLULAR PHONE NUMBER	EMAIL ADDRESS	THE RESERVE TO SERVE THE PROPERTY OF THE PROPE	
HOME PHONE NUMBER	HOME ADDRESS		0.1
	2 mill Stu	re Lore, Sous	PL Salexi, A
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Have you used a name other than	the one given above? If so,	please set forth the name(s)	and explain
why:		,	

#### **SECTION 2**

RETIREMENT	Please list any retirement plan (pension, deferred compensation or other) for you or your spouse/partner from which you are currently drawing or eligible to draw benefits.				
SELF:	PLAN:	Currently Drawing/ Eligible to Draw			
		YES□ NO□			
SPOUSE:	PLAN:	Currently Drawing/ Eligible to Draw			
	,	YES NO			

1. Please list any <u>uncompensated</u> board position, office, trusteeship, directorship, partnership, or position of <u>any</u> nature, held by <u>you or your spouse</u> with any organization, firm, corporation, partnership or other association. (You may attach a current resume if necessary.)

Position	Organization	Self/Spouse
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2. Please list all governmental positions (federal, state or local) in which you have served or presently are serving, <u>including</u> uncompensated positions on governmental boards and commissions. Please indicate dates.

Government Entity	Position	Dates,	1
US Gart	Special 1155+ 1 Assoc. Com	resel 5/99 -	1/01
MS Grost	Exec Rep Secretary	1/11 4/14	
NYS Gout (AG)	Social conset	1/07-12/10	>
NYC Gout	lulia Aducate/Magorsothe	995-10/9,	ę

3. Identify any civic, educational or charitable organizations of which you are a member. Specify the name and address of the organization, the dates of your membership, whether such organization has a contract with or otherwise receives money from New York State or any municipality within New York State, and any title that you held in the organization.

<i>;</i>		Date(s) of	NYS Contract/Money
Organization	Address	Membership/Title	Received (if any)
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Organizatio	n	S	tate Entity			Relatio	onship
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Identify all members ten years.  Organization	-		Dates	or election	Com	pensation	
Indrew Coun	Campi	aign Mgr	4/14 -	14/14	YES YES	NO[	
	**************************************				YES	NO	1
				PPG V-A			annointin
Unless otherwise spo	ecifically asl	ked to complete	e a Financial I	Disclosure ted amour	statem	ent by the	e in exces
Unless otherwise spo authority, please list of \$1,000, for you ar	ecifically asl below all so	ked to complete ources of incom use <u>for the last</u>	e a Financial I le, and estima twelve mont	Disclosure ted amour hs. Sourc	statemets for e	ent by the	e in excess ude, <u>but a</u>
Unless otherwise spo authority, please list of \$1,000, for you ar not limited to, state directorships and oth	ecifically as below all so nd your spot salary, inco ner fiduciary	ked to complete ources of incomuse <u>for the last</u> me from other or	e a Financial I le, and estima twelve mont compensated ractual arrang	Disclosure ted amoun hs. Sourc employme gements, to	statem ats for e es of in ent whe	ent by the each sourc come incl ther publi	e in excess ude, <u>but a</u> c or privat partnership
Unless otherwise spo authority, please list of \$1,000, for you ar not limited to, state directorships and oth honorariums, lecture	ecifically asi below all so nd your spot salary, inco ner fiduciary fees, consu	ked to complete ources of incom use <u>for the last</u> me from other of positions, cont	e a Financial I te, and estima twelve mont compensated ractual arrang	Disclosure ted amounts. Source employments, to erest, divide	statem ats for e es of in ent whe eaching	ent by the each sourc come incl ther publi income, preal estate	e in excess ude, <u>but a</u> c or privat partnership rents, and
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8. If you answer "YES" to any of the following questions, please provide a detailed explanation. Attach a separate sheet if necessary.

(a) Have you ever been convicted of, or entered into a plea of guilty or nolo contendere to any felony or misdemeanor which has not been scaled?  (b) Have you ever been convicted of or pleaded guilty to a motor vehicle offense, excluding parking tickets or other non-moving violation, or have you ever had your license suspended or revoked?  (c) Have you ever been disciplined by any court, administrative agency, professional association, disciplinary committee or other professional group, or the subject of any proceeding, inquiry or investigation by any professional association, including bar association, of which you were or are a member?  (d) Are there any criminal actions or proceedings currently pending against you?  (e) Have you ever had an employment discrimination or sexual harassment charge filed against you that has been substantiated or otherwise upheld by a court of law, administrative agency, arbitrator or grievance committee or such charge settled or otherwise resolved with a finding or acknowledgement that you were at fault?  (f) Are you presently, or have you ever been named as a defendant or respondent in any agency proceeding or civil litigation?  (g) Has any business in which you are on were an owner, officer, director or partner, been a plaintiff or a defendant in a civil lawsuit?  (h) Is anyone currently threatening to sue you or any business in which you are an owner, officer, director or partner?  (i) Are you in arrears on any child support and/or maintenance obligations?  (ii) Are you in arrears on any child support and/or maintenance obligations?  (iii) Are you in arrears on any child support and/or maintenance obligations?  (iv) Are you are an owner, officer, director or partner, or any real property in which you have a beneficial or legal interest?  (m) Are you in arrears on the repayment of any loans?  (n) Are you in arrears on the repayment of any loans?  (o) Are you a resident of New York State?  (p) Do you, or any immediate family member own or have any interest in real property that	to any felony (b) Have you ever excluding particense susper (c) Have you ever association, deproceeding, in association, or association, or deproceeding, in association, or deproceeding against you the administrative otherwise research group proceeding. Has any busing been a plaintiful deproceeding to the proceeding and t	been convicted of or pleaded guilty to a motor vehicle offense, cing tickets or other non-moving violation, or have you ever had your ded or revoked?  been disciplined by any court, administrative agency, professional sciplinary committee or other professional group, or the subject of any quiry or investigation by any professional association, including bar which you were or are a member?  criminal actions or proceedings currently pending against you?  criminal actions or proceedings currently pending against you were filed at has been substantiated or otherwise upheld by a court of law, agency, arbitrator or grievance committee or such charge settled or olived with a finding or acknowledgement that you were at fault?  ntly, or have you ever been named as a defendant or respondent in any eding or civil litigation?  ess in which you are or were an owner, officer, director or partner, for a defendant in a civil lawsuit?  cently threatening to sue you or any business in which you are an ently any unsatisfied liens or judgments against you or any business in an owner, officer, director or partner?		
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	investigative	body or grand jury?	_ L	$\Box$
(v) Have you, your spouse or any corporation, firm, partnership or other business	(v) Have you, you	or spouse or any corporation, firm, partnership or other business	N	.
enterprise or non-profit organization or other institution in which you or your spouse     X	enterprise or	non-profit organization or other institution in which you or your spouse	X	II L
	have served a	s an owner, officer, director, trustee or partner ever filed a petition for		

bankruptcy under the U.S. Bankruptcy Code?		
(w) Within the last 5 years, have you employed any domestic or household help,		
including but not limited to a housekeeper, babysitter, nanny or gardener for whom you did not pay withholding taxes or other employment-related assessments		
(including but not limited to unemployment insurance or workers' compensation		
payments)?		i .
(x) With respect to such individuals identified in (w), were such individuals United States		$\overline{\Box}$
citizens or documented aliens?		
(y) Have you ever been involuntarily terminated from a job or position or resigned from		177
a job or position after being informed that you would be involuntarily terminated?		
(z) Have you ever maintained a weblog ("blog')? If so, please provide URL address,		
and dates on which the blog was maintained, or which you wrote?		
(aa) Do you have any relationship, personal or professional, with any persons		
employed by or engaged in business with the agency, board or authority to which		$X_{\perp}$
you seek appointment?		
(bb) Do you have any commitments or agreements to pursue outside employment, with or		X
without compensation, while you may be employed by the State of New York?	느믜	<u> </u>
(cc) Do you, your spouse or immediate family member own or have any interest in any real property which during the time of such ownership has been cited for health		No. at
or environmental violations, been condemned or closed, or been determined to		X
contain hazardous materials by any federal, state, or local authority?		
Contain nazardous materials by any reducta, state, or recar assaults.	<u></u>	
9.	Y	N
Are there any matters which may involve a conflict of interest or an appearance of such a	[	
conflict or any problem in connection with your appointment to the position for which		$\nabla$
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If yes, please set forth the pertinent facts below, including an explanation of how you would proresolve such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you		
If yes, please set forth the pertinent facts below, including an explanation of how you would prove such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you consent to a copy of this questionnaire being reviewed by the Senate Finance Committee		
If yes, please set forth the pertinent facts below, including an explanation of how you would proresolve such conflict of interest or problem (e.g. divestiture, removal, resignation, etc.)  10.  All appointees subject to confirmation by the Senate must consent to review. Do you		

## AUTHORIZATION AND RELEASE OF PERSONAL INFORMATION INCLUDING TAX INFORMATION AND CERTIFICATION

- A. I understand that if appointed, any false statement or information provided during the appointment process may result in dismissal. I further understand that this questionnaire is not, and is not intended to be, a contract of employment, nor does this questionnaire obligate the Cuomo Administration in any way. You are hereby authorized to make any investigation of my background, including prior employment information and education preparation. You are also authorized to make any investigation of credit reports, court records and criminal activity through any law enforcement, investigative or credit agencies or bureaus of your choice. I hereby release from liability the Cuomo Administration, its individual members and advisors, the State of New York, and all persons and agencies supplying such information to them, and I further release such persons and agencies from any obligation to provide me with notification of such disclosure.
- B. I further authorize the Department of Taxation and Finance to examine any of my personal income tax returns for any year, including any schedules and attachments to those returns, for the purpose of ascertaining the correctness of those returns, schedules and attachments. I also authorize the Tax Department to inspect any correspondence, including protests that I may have had with the Department concerning those returns, schedules or attachments. If the Department of Taxation and Finance determines that any return, schedule or attachment is incorrect in any detail, or information in any correspondence or protest might affect my personal tax liability for the past or future years, I authorize the Department of Taxation and Finance to disclose those returns, schedules, attachments and correspondence as well as any information learned during an investigation of personal income tax liability, to the Counsel to the Governor or his/her designee and to discuss its findings with said Counsel or such designee. I will commence no claim against the State of New York, the Department of Taxation and Finance and its officers if they make this disclosure according to this release.

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I certify that I h	nave reviewed th	e informat	ion in this ques	stionnaire and	that, to the be	st of my knowledge,
the information	I have supplied	is complet	te, true and acc	urate.	$\gamma M$	Rea
Signature:	91	1		/	MI	m
	T 0	1	Percec		,	
Print Name:	Josey	L.	yerce c	~	/	1
Date:	11/25	14			1/15	15
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It is the policy of the Cuomo Administration that no person shall, on the basis of age, race, religion, creed, color, national origin, sexual orientation, military status, sex, disability, pre-disposing genetic characteristics, marital status, relevant criminal record history, domestic violence victim status, or gender identity be unlawfully excluded from participation in, be denied the benefits of, or be subject to discrimination in employment or any of the State's programs or activities.

My Social Security Number is:

#### ACKNOWLEDGEMENT

STATE OF NEW YORK)	
COUNTY OF BROWY) SS:	
On this 15 day of Sangar	20 <u>/5</u> before me personally came
In and who executed the foregoing instrument, and	known and known to me to be the individual described d he/she Acknowledged to me <sub>1</sub> that he/she executed the
same as his/her free act and deed.	Mederald Valle.
	Markey (100

# PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS APPOINTMENTS QUESTIONNAIRE CHECKLIST

#### Before returning your questionnaire, please remember to:

1.	☐ Review the questionnaire to ensure <u>ALL</u> questions have been answered.
2.	☐ Include any necessary attachments, such as a resume or separate sheets needed to provide detailed explanations to any questions that may require it.
3.	☐ Sign and date the information release form located at the end of the questionnaire.
4.	☐ Keep a copy of the completed questionnaire for your records.