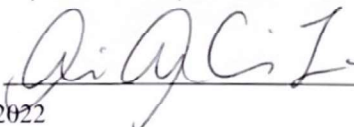


FORM A

**New York State Consultant Services
Contractor's Planned Employment**
From Contract Start Date Through the End of the Contract Term

State Agency Name: NYSED	Agency Business Unit:
State Agency Department ID:	Contract Number: C014551
Contractor Name: Aria Strategies LLC	Contract End Date: 05/31/2023
Contract Start Date: 07/01/2022	

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
11-1011.00: Chief Executive	1.00	175.00	\$35,000.00
13-1111.00: Management Analyst	1.00	85.00	\$14,000.00
21-1019.00: Counselor	1.00	85.00	\$14,000.00
19-3093.00 Historian	1.00	85.00	\$12,000.00
11-9199.02: Compliance Manager	1.00	15.00	\$2,000.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	515.00	\$77,000.00
Grand Total			

Name of person who prepared this report: Aria A. Camaione-Lind
 Title: CEO Phone #: 585-319-6007
 Preparer's Signature: 
 Date Prepared: 07/26/2022