

# NY STATE LOBBYIST DISBURSEMENT OF PUBLIC MONIES BIMONTHLY REPORT

Marking Instructions: Please type or use blue or black ink pen.  
 Completely fill in one circle.  
 Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
 before submitting or form will be returned.

I Reporting Information	
Year:	
Fill in circle if amendment <input type="radio"/>	
Report Period: <input type="radio"/> Jan/Feb <input type="radio"/> March/April <input type="radio"/> May/June	
<input type="radio"/> July/August <input type="radio"/> Sept/Oct <input type="radio"/> Nov/Dec	
Level of Gov't : <input type="radio"/> State Lobbying <input type="radio"/> Local Lobbying <input type="radio"/> Both	

FOR OFFICE USE ONLY

II Principal Lobbyist Information		
PRINCIPAL LOBBYIST NAME: Organization:		
OR Last Name:	First Name:	
Permanent Business Address:		
City:	State:	ZIP code:
Business Phone:	Fax Number:	

III Additional Lobbyists	
List each individual associated with the principal lobbyist who engaged in public monies lobbying activities during this period.	
LAST NAME:	FIRST NAME:
1.	
2.	
3.	
4.	
5.	

Continued on attached pages

IV Client Information		
Name:		
Permanent Business Address:		
City:	State:	ZIP code:
Business Phone:	Fax Number:	

V Summary of Compensation and Reimbursed Expenses for this period	
COMPENSATION (Current Period Only): \$	.00
REIMBURSED EXPENSES (Current Period Only): \$	.00

**VI Lobbying Expenses (Current Period Only)**

PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00

Continued on attached pages

**Total expenses for current period:** \$ .00 (if applicable, include all expenses from attached pages in total)

**VII Description of grant, loan, or agreement involving disbursement of public monies on which you lobbied:**

Continued on attached pages

**VIII Name of person, organization, or legislative body lobbied:**

Continued on attached pages

**IX 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.**

<b>X</b> SIGNATURE:	DATE:
PRINT NAME: LAST	FIRST
Mark One: <input type="radio"/> Principal Lobbyist <input type="radio"/> Chief Administrative Officer <input type="radio"/> Designee(Attach Letter)	

**PLEASE NOTE** You may be assessed up to \$25 for each day this report is late.

## Designated Addendum sheet for sections III, VI, VII and VIII

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

### III Additional Lobbyists

List each individual associated with the principal lobbyist who engaged in public monies lobbying activities during this period.

LAST NAME:	FIRST NAME:
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	

### VI Lobbying Expenses (Current Period Only)

PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00
PAID TO:	DATE: / /
PURPOSE:	AMOUNT: \$ .00

### VII Description of grant, loan, or agreement involving disbursement of public monies on which you lobbied:

### VIII Name of person, organization, or legislative body lobbied: