



BUSINESS RELATIONSHIP FORM

Relationship with an Entity

SECTION I - INFORMATION ABOUT THE ORGANIZATION

CALENDAR YEAR(S)

Enter Calendar Year(s) in which the Reportable Business Relationship exists.

FOR OFFICE USE ONLY

IS THIS AN AMENDMENT?

 Yes No

Amendment Effective
Date of Change

ORGANIZATION INFORMATION

Enter your Lobbyist, Client or Public Corporation name below. Do not use abbreviations.

Name

ORGANIZATION BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Country

Zip code

Business phone

Ext.

Additional phone

Ext.

Email address

SECTION II - INFORMATION ABOUT THE REPORTABLE BUSINESS RELATIONSHIP

REPORTABLE BUSINESS RELATIONSHIPS WITH AN ENTITY

Complete this section if your relationship is with an entity (a business, organization, law firm, academic institution, or other non-governmental type of entity) in which a State Person has Requisite Involvement. Refer to the definition of 'State Person' and 'Requisite Involvement' on page 1 of this form.

Entity Name

Business Street address

Street 2 (optional):

City

State

Zip code

Country

Business phone

Ext. (optional)

SECTION III - INFORMATION ABOUT THE STATE PERSON WITH REQUISITE INVOLVEMENT

INFORMATION ABOUT THE STATE PERSON WITH THE REQUISITE INVOLVEMENT

Enter information regarding the State Person and their place of public employment. Enter the name of the State entity or Legislative body the State Person is employed by and include the business address and other required contact information below.

State Person Last name:

First name:

Name of State Entity or Legislative Body:

Business Street Address

Street 2 (optional)

City

State

Zip Code

Business phone

Ext. (optional)

DESCRIPTION OF THE BUSINESS RELATIONSHIP BETWEEN YOU AND THE ENTITY

Enter a brief description of the goods, services or anything of value performed or provided (or intended to be performed or provided) by the entity for the Lobbyist/Client Organization.

SUMMARY OF COMPENSATION AND EXPENSES

Enter the amount of compensation and expenses (actual or anticipated) you have paid or will pay the entity for the current filing period (calendar year). Do NOT include the total amount of compensation for relationships that span more than one calendar year.

Compensation Amount \$

Check one: Anticipated Actual

Expense Amount \$

Check one: Anticipated Actual

Was payment made to the entity? Yes No

Were services provided by the entity? Yes No

SECTION III (a) - ADDITIONAL STATE PERSON WITH REQUISITE INVOLVEMENT

INFORMATION ABOUT AN ADDITIONAL STATE PERSON WITH THE REQUISITE INVOLVEMENT

If applicable, enter information regarding an additional State Person (with the Requisite Involvement in the same entity) and their place of public employment. Enter the name of the State entity or Legislative body the State Person is employed by and include the business address and other required contact information below.

State Person Last name:

First name:

Name of State Entity or Legislative Body:

Business Street Address

Street 2 (optional)

City

State

Zip Code

Business phone

Ext. (optional)

DESCRIPTION OF THE BUSINESS RELATIONSHIP BETWEEN YOU AND THE ENTITY

Enter a brief description of the goods, services or anything of value performed or provided (or intended to be performed or provided) by the entity for the Lobbyist/Client Organization.

SUMMARY OF COMPENSATION AND EXPENSES

Enter the amount of compensation and expenses (actual or anticipated) you have paid or will pay the entity for the current filing period (calendar year). Do NOT include the total amount of compensation for relationships that span more than one calendar year.

Compensation Amount \$

Check one:

Anticipated

Actual

Expense Amount \$

Check one:

Anticipated

Actual

Was payment made to the entity?

Yes

No

Were services provided by the entity?

Yes

No

SECTION III (b) - ADDITIONAL STATE PERSON WITH REQUISITE INVOLVEMENT

INFORMATION ABOUT AN ADDITIONAL STATE PERSON WITH THE REQUISITE INVOLVEMENT

If applicable, enter information regarding an additional State Person (with the Requisite Involvement in the same entity) and their place of public employment. Enter the name of the State entity or Legislative body the State Person is employed by and include the business address and other required contact information below.

State Person Last name:

First name:

Name of State Entity or Legislative Body:

Business Street Address

Street 2 (optional)

City

State

Zip Code

Business phone

Ext. (optional)

DESCRIPTION OF THE BUSINESS RELATIONSHIP BETWEEN YOU AND THE ENTITY

Enter a brief description of the goods, services or anything of value performed or provided (or intended to be performed or provided) by the entity for the Lobbyist/Client Organization.

SUMMARY OF COMPENSATION AND EXPENSES

Enter the amount of compensation and expenses (actual or anticipated) you have paid or will pay the entity for the current filing period (calendar year). Do NOT include the total amount of compensation for relationships that span more than one calendar year.

Compensation Amount \$

Check one: Anticipated

Actual

Expense Amount \$

Check one: Anticipated

Actual

Was payment made to the entity? Yes

No

Were services provided by the entity? Yes

No

SECTION IV - START AND END DATE OF THE RELATIONSHIP

DATES THE RELATIONSHIP HAS BEEN IN EXISTENCE

Enter the date the Business Relationship between you and the entity started. If known, enter the date the relationship between you and the entity will end. If the relationship spans from one calendar year into another, you will be required to recertify with JCOPE, each calendar year, that the relationship between you and the entity is still in existence.

Beginning date	
Termination date	<input type="checkbox"/> Check if unknown If "unknown", the end date will be reflected as the end of the current calendar year.

SECTION V - DECLARATION ATTESTATION

DECLARATION

This declaration must be signed by the responsible party (Chief Administrative Officer). If the responsible party for any reason does not sign, he/she must duly designate another person to sign this Declaration.

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.

Signature X	Date
Print name: Last	First