



# BUSINESS RELATIONSHIP FORM

## *Relationship with a State Person*

### 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

## SECTION I - INFORMATION ABOUT THE ORGANIZATION

### 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

### INFORMATION ABOUT THE STATE PERSON

Refer to the definition of 'State Person' on the first page of this form. 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 THE STATE PERSON

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

### SUMMARY OF COMPENSATION AND EXPENSES

Enter the amount of compensation and expenses (actual or anticipated) the Lobbyist/Client Organization has paid or will pay the State Person 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 State Person?  Yes  No

Were services provided by the State Person?  Yes  No

### SECTION III- START AND END DATE OF THE RELATIONSHIP

#### DATES THE RELATIONSHIP HAS BEEN IN EXISTENCE

*Enter the date the Business Relationship between you and the State Person started. If known, enter the date the relationship between you and the State Person 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 State Person is still in existence.*

Beginning date	
Termination date	<input type="checkbox"/> Check if unknown <span style="font-size: 2em; vertical-align: middle;">[</span> If “unknown”, the end date will be reflected as the end of the current calendar year. <span style="font-size: 2em; vertical-align: middle;">]</span>

### SECTION IV - 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