



STATEMENT OF REGISTRATION

BIENNIAL REGISTRATION PERIOD	
Biennial Period	
Check if amendment <input type="checkbox"/>	
Amendment effective date of change	

FOR OFFICE USE ONLY

SECTION I - PRINCIPAL LOBBYIST INFORMATION

Select **'Organization'** if filing for a person or company, firm, entity, or other Organization who utilizes Employed, Retained, or Designated Lobbyists to lobby on behalf of a Client or itself (in the case of a Lobbyist lobbying on its own behalf), or incurs Lobbying Expenses on behalf of a Client or itself.

Select **'Public Corporation'** if filing for a municipal corporation (including counties, cities, towns, villages, and school districts), district corporation, and public benefit corporation as defined in section sixty-six of the General Construction Law.

Select **'Coalition'** if filing for a group of otherwise-unaffiliated entities or members who pool funds for the primary purpose of engaging in Lobbying Activities on behalf of the members of the Coalition.

LOBBYIST TYPE
Select one: <input type="checkbox"/> Organization <input type="checkbox"/> Public Corporation <input type="checkbox"/> Coalition

PRINCIPAL LOBBYIST NAME AND INFORMATION

Name	
Also Known As	NYBE # (If known)

BUSINESS ADDRESS AND CONTACT INFORMATION

Street	Street 2 (optional)		
City	State	Country	Zip code
Business phone	Ext.	Additional phone	Ext.
Email address	Alt Email		

ALTERNATE BUSINESS ADDRESS check if primary mailing address

Street	Street 2 (optional)		
City	State	Country	Zip code

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR PRINCIPAL LOBBYIST

Last name	First name
Middle name (optional)	Suffix (optional)
Business title	
Phone number	Ext.
Email address	Alt Email

SECTION II - INDIVIDUAL LOBBYIST INFORMATION

An Individual Lobbyist is any person who engages in Direct or Grassroots Lobbying on behalf of the Principal Lobbyist for the benefit of the Client. All Individual Lobbyist(s) must be listed, on the Statement of Registration; provided, however, if a Lobbying Organization incurs no Compensation for Individual Lobbyists and only Expenses, then no Individual Lobbyists are required to be listed. Select the **'Designated Lobbyist'** check box if this information relates to a Lobbying Organization for which the person lobbies as a board member, director or officer.

INDIVIDUAL LOBBYISTS

Last name	First name
Middle name (optional)	Suffix (optional)
Business phone	Ext.
Email address	
Lobbyist effective date	(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial.)
Check if Designated Lobbyist <input type="checkbox"/>	

INDIVIDUAL LOBBYISTS

Last name	First name
Middle name (optional)	Suffix (optional)
Business phone	Ext.
Email address	
Lobbyist effective date	(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial.)
Check if Designated Lobbyist <input type="checkbox"/>	

INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial.)

Check if Designated Lobbyist

INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial.)

Check if Designated Lobbyist

INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial.)

Check if Designated Lobbyist

SECTION III - CO-LOBBYIST INFORMATION

All Lobbyists who are retained by a Client on the same single retainer agreement or contract must be identified.

A. CO-LOBBYIST TYPE

Select one: Organization Public Corporation Coalition

CO-LOBBYIST(S) INFORMATION *(optional)*

Name

Street

Street 2 *(optional)*

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CO-LOBBYIST

Last name

First name

Middle name *(optional)*

Title

Business phone

Email

B. CO-LOBBYIST TYPE

Select one: Organization Public Corporation Coalition

ADDITIONAL CO-LOBBYIST(S) INFORMATION *(optional)*

Name

Street

Street 2 *(optional)*

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CO-LOBBYIST

Last name

First name

Middle name *(optional)*

Title

Business phone

Email

SECTION IV - SUB-LOBBYIST INFORMATION

All Lobbyists who are engaged to perform services by a Principal Lobbyist as part of an agreement between the Principal Lobbyist and the Contractual Client must be identified.

A. SUB-LOBBYIST TYPE

Select one: Organization Public Corporation Coalition

SUB-LOBBYIST(S) INFORMATION *(optional)*

Name

Street

Street 2 *(optional)*

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR SUB-LOBBYIST

Last name

First name

Middle name *(optional)*

Title

Business phone

Email

B. SUB-LOBBYIST TYPE

Select one: Organization Public Corporation Coalition

ADDITIONAL SUB-LOBBYIST(S) INFORMATION *(optional)*

Name

Street

Street 2 *(optional)*

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR SUB-LOBBYIST

Last name

First name

Middle name *(optional)*

Title

Business phone

Email

SECTION IV- CONTRACTUAL CLIENT INFORMATION

Information regarding the individual or organization that retained the services of the Principal Lobbyist for the benefit of itself or another.

CLIENT TYPE

Select one:

Organization

Public Corporation

Coalition

Check if Principal Lobbyist and the Contractual Client are the same. If checked, skip to Section V- Beneficial Client Information.

CONTRACTUAL CLIENT NAME AND INFORMATION

Name

NYBE # (If known)

BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Zip Code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CONTRACTUAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION V - BENEFICIAL CLIENT INFORMATION

Information regarding the specific individual or organization on whose behalf and at whose request Lobbying is conducted by the Lobbyist.

CLIENT TYPE

Select one:

Organization

Public Corporation

Coalition

Check if Contractual Client and Beneficial Client are the same. If checked, skip to Section VI - Agreement Information

BENEFICIAL CLIENT NAME AND INFORMATION

Complete this section only if the Beneficial Client is different than the Contractual Client.

Check if a Coalition Member

NYBE # (If known)

Name

BUSINESS ADDRESS AND CONTACT INFORMATION

Business Address

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION VI - AGREEMENT INFORMATION

TYPE OF LOBBYING RELATIONSHIP BETWEEN LOBBYIST AND CLIENT

Select one: Employed Retained Public Corporation

LEVEL OF GOVERNMENT EXPECTED TO BE LOBBIED

Select one: State Lobbying Municipal Lobbying State/Municipal (Both)

DESCRIPTION OF AGREEMENT (SELECT ONE)

- Anticipate the \$5,000 threshold will be exceeded
 Do not anticipate exceeding the \$5,000 threshold
 Pro Bono Lobbying Contract/Authorization

REPORTABLE COMPENSATION /EXPENSE INFORMATION (SELECT ONE)

- Anticipate will exceed with Reportable Expenses Only
 Anticipate will exceed with Reportable Compensation (and Expenses)

CONTRACT DURATION /COMPENSATION INFORMATION

Start date

Termination (end) date

Pay frequency (select one)

Hourly Daily Weekly Bi-weekly Monthly Quarterly Annually One time Range

Compensation amount \$

CLIENT SIGNATORY (DESIGNATED RESPONSIBLE PARTY OF CONTRACTUAL CLIENT)

Signatory last name

First name

Middle name (optional)

Suffix (optional)

Business title

PAYMENT INFORMATION

Please make all checks payable to the Joint Commission on Public Ethics (NYS), and include the biennial period, and Lobbyist name/Contractual Client name in the memo section.

Select one \$200 (Threshold exceeded first half of biennial) \$100 (Threshold exceeded second half of biennial)

Registration filing fee check number

SECTION VII - REPORTABLE BUSINESS RELATIONSHIP(S)

SELECT ONE:

Indicate if you have a Reportable Business Relationship to report that exists during this Calendar Year. If you do have to disclose a Reportable Business Relationship with either a State Person or Entity in which the State Person has the 'Requisite Involvement', please fill out the applicable form and attach it to this Registration upon submission.

- No Reportable Business Relationship(s) exists during this Calendar Year
- I have at least one Reportable Business Relationship(s) during this Calendar Year to disclose

SECTION VIII - LOBBYING SUBJECT(S)

Filers should report any Lobbying Subject(s) they anticipate lobbying on during the biennial period. Please choose from the comprehensive list of 'Lobbying Subjects' posted to the JCOPE website and enter below. Enter one subject per row.

Lobbying Subject(s)	
1	Agribusiness - General (Example)
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	

SECTION X - ATTESTATION

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.)

Signature X

Date

Last

First

Select One: Principal Lobbyist Chief Administrative Officer Designee(Attach Letter)

The following MUST be attached to this registration at the time of submission:

- REGISTRATION FEE: SEE INSTRUCTIONS TO CALCULATE AMOUNT OF FEE. (Please enter check number in Section VI)
- Filers must attach to this form an executed Lobbying Agreement form (as provided by the Commission), or a copy of a signed, written Lobbying agreement or written authorization.

NOTE: When a Lobbying contract or agreement exists, a Lobbyist may either submit such contract/agreement with a Statement of Registration or use the Lobbying Agreement form provided by the Commission; in such a case, however, a Lobbyist may not submit a written authorization in lieu of the contract/agreement. Written authorizations should only be submitted if a lobbying contract/agreement does not exist.

- If applicable, a designation letter if you have marked designee in Section X.
- If applicable, continuation sheets for sections ?

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