

City

NEW YORK STATE JOINT COMMISSION ON PUBLIC ETHICS 540 Broadway, Albany NY 12207 helpdesk@jcope.ny.gov

STATEMENT OF REGISTRATION

BIENNIAL REGISTRATION PERIO)D		FOR OFF	ICE USE ONLY	
Biennial Period					
Check if amendment					
Amendment effective date of change					
SECTION I - PRINCIPAL LOBBYIST I	NFORMATION				
Select 'Organization' if filing for a person of Lobbyists to lobby on behalf of a Client or it of a Client or itself.					
Select 'Public Corporation' if filing for a corporation, and public benefit corporation				ad school districts), district	
Select ' Coalition ' if filing for a group of oth Lobbying Activities on behalf of the member		or members who poo	ol funds for the prim	ary purpose of engaging in	
LOBBYIST TYPE					
Select one: Organization	☐ Public	Corporation	Coalition		
PRINCIPAL LOBBYIST NAME AND	D INFORMATION				
Name					
Also Known As		NYBE # (If knowr	1)		
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					
Street		Street 2 (optional)			
	The second secon			i	

Country

State

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	
CTION II - INDIVIDUAL LOBBYIST INI	FORMATION	
Client. All Individual Lobbyist(s) must be listed, or Compensation for Individual Lobbyists and only I	in Direct or Grassroots Lobbying on behalf of the Principal Lobbyist for the benefit of the the Statement of Registration; provided, however, if a Lobbying Organization incurs no Expenses, then no Individual Lobbyists are required to be listed. Select the 'Designated 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		
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			
INDIVIDUAL LOBBYISTS			
Last name	First name		
Middle name (optional)	Suffix (optional)		
Business phone	Ext.		
Email address			
(Enter effective date if the Individual Lobbyist has not been lobbyist effective date 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-LOBBYIS	Т ТҮРЕ				
Select one:	☐ Organization	☐ Public Corporation	☐ Coalition		
CO-LOBBYIST(S	S) INFORMATION (of	otional)			
Name					
Street		Street 2 (optional)			
City	State	Zip code	Country		
Business phone		Ext.			
Email address					
RESPONSIBLE P	ARTY NAME AND C	ONTACT INFORMATION FO	PR CO-LOBBYIST		
Last name		First name			
Middle name (optio	nal)	Title			
Business phone		Email			
B. CO-LOBBYIS	Т ТҮРЕ				
Select one:	Organization	☐ Public Corporation	☐ Coalition		
	·	ORMATION (optional)			
	O-LODD 1131 (3) INFO	ORMATION (optional)			
Name		0			
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-LOBBYIS	Г ТҮРЕ				
Select one:	☐ Organization	☐ Public Corporation	☐ Coaliti	on	
SUB-LOBBYIST(S) INFORMATION (o	ptional)			
Name					
Street		Street 2 (opti	onal)	T	
City	State	Zip code		Country	
Business phone		Ext.			
Email address					
RESPONSIBLE PA	RTY NAME AND CO	ONTACT INFORMATION	N FOR SUB-LOBB	YIST	
Last name		First name			
Middle name (optiona	ıl)	Title			
Business phone		Email			
B. SUB-LOBBYIST	Г ТҮРЕ				
Select one:	☐ Organization	☐ Public Corporation	☐ Coaliti	on	
ADDITIONAL SU	B-LOBBYIST(S) INF	ORMATION (optional)			
Name					
Street		Street 2 (opti	onal)		
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 (optiona	ıl)	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 TYPI	Ξ				
Select one:	☐ Organization	☐ Public Corpora	tion	☐ Coalition	
☐ Check Inforn		the Contractual Client are	the same. If ch	ecked, skip to Section V- B	Beneficial Client
CONTRACTU	JAL CLIENT NAME AN	ND INFORMATION			
Name					
NAME # (161					
NYBE # (If know					
BUSINESS AD	DRESS AND CONTAC	CT INFORMATION	1		
Street			Street 2 (opt	ional)	
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 (o)	otional)		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 Corpora	tion	☐ Coalition		
Check if Contractual Client and Beneficial Client are the same. If checked, skip to Section VI - Agreement Information						
BENEFICIAL CLIENT	NAME AND IN	FORMATION				
Complete this section only	if the Beneficial Cli	ent is different than the	Contractual	Client.		
☐ Check if a Coalit	ion Member		NYBE # (If	known)		
Name						
BUSINESS ADDRESS	AND CONTACT	INFORMATION				
Business Address			,			
Street			Street 2 (opt	tional)		
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 LOBBY	YING RELATI	ONSHIP BET	WEEN LOBB	YIST AN	D CLIENT
Select one:	Employee	d 🗌	Retained		Public Corporation
LEVEL OF GOV	ERNMENT EX	PECTED TO	BE LOBBIED		
Select one:	State Lob	bying	Municipal Lob	bying [State/Municipal (Both)
DESCRIPTION C	F AGREEMEN	NT (SELECT C	ONE)		
Anticipate	the \$5,000 thresh	old will be exce	eded		
Do not anti	cipate exceeding	the \$5,000 thres	shold		
Pro Bono L	obbying Contrac	t/Authorization	ı		
REPORTABLE CO	OMPENSATIO	N /EXPENSE	INFORMATI	ON (SEL	ECT ONE)
Anticipate	will exceed with	Reportable Expe	enses Only		
Anticipate	will exceed with	Reportable Com	pensation (and	Expenses)	
CONTRACT DU	RATION /COM	IPENSATION	INFORMAT	ION	
Start date				Termina	ntion (end) date
Pay frequency (selec	ct one)				
☐ Hourly ☐ Da	ily 🗌 Weekly	☐ Bi-weekly	Monthly	Quarterl	ly Annually One time Range
Compensation amo	unt \$				
CLIENT SIGNAT	ORY (DESIGN	ATED RESPO	NSIBLE PAR	TY OF C	ONTRACTUAL CLIENT)
Signatory last name				First naı	me
Middle name (option	ıal)			Suffix (o	ptional)
Business title					
PAYMENT INFO	RMATION				he Joint Commission on Public Ethics (NYS), and include name/Contractual Client name in the memo section.
Select one	00 (Threshold ex	ceeded first half	of biennial)		\$100 (Threshold exceeded second half of biennial)

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 IX-LOBBYING ACTIVITIES

Municipal Regulation/Rate-making/Rule

Filer should report any Lobbying Activities they anticipate lobbying on during the biennial period. Please be as specific as you can at this time. More specific reporting will be required in subsequent Lobbyist Bi-Monthly reports.

TYPE(S) OF LOBBYING COMMUNICATION(S)	
112(0) 01 2022111 0 00111120112011(0)	
Select one: Direct Lobbying Grassroots Lobbying	☐ Both
FOCUS TYPE INSTRUCTIONS	
To report a Lobbying Focus, enter the 'Focus Type', and then enter the brief description of the Focus. Select the 'Monitoring Only' check box is indicate if the Focus Type is for the State, or Municipal Level. Only ent from the following categories: • State Bill	if you are only monitoring the Focus Type. For each Focus Type, eer information on one Focus Type per row. Select a 'Focus Type'
State Bill Municipal Bill	State Tribal Compact Agreement - NYS Indian Nations
State Executive Order	Cayuga Nation
Municipal Executive Order	St. Regis Mohawk Tribe
State Law	Oneida Nation of NY
Municipal Law	Onondaga Nation
State Procurement	 Seneca Nation of Indians
Municipal Procurement	 Tuscarora Nation of NY
State Resolution	 Unkechague Poosepatuck Indian Tribe
 Municipal Resolution 	 Shinnecock Indian Nation
State Regulation/Rate-making/Rule	 Tonawanda Band of Seneca Indians of NY

Focus Type	Identifying No./Description of Focus	Monitoring Only
State Bill	A123 (Example)	

ADD PARTIES LOBBIED OR EXPECTED TO BE LOBBIED

If you have 'Parties Lobbied or Expected to be Lobbied' to disclose, please select from the bulleted list below and identify a party type in the 'Government Body' column. In the 'Party Name' column, please enter the name of the Party, if known. For State Lobbying, if party type (Government Body) is unknown, you can generally indicate 'Senate/Assembly/Executive Chamber'. Only enter one 'Party Type' for each row in the table below.

- Not Known at this Time
- Senate/Assembly/Executive
- Senate Committee
- Assembly Committee
- State Agency
- NYS Assembly
- NYS Senate
- Executive Chamber
- NYS School Districts
- State and Local Public Authorities and Local Development Corporations

- Industrial Development Agency
- Village
- Town
- City
- County
- Improvement/Special Districts
 - County Special District
 - Town Special District
 - Consolidated Health District
 - Fire District
 - Independent Special District

Government Body	Party Name
Agency	Joint Commission on Public Ethics (Example)

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.