



QUESTIONNAIRE FOR COALITIONS

This questionnaire should not be submitted to JCOPE. It should, however, be kept as part of the filer's records for three years.

This questionnaire may be used, and relied upon in good faith, by a Coalition seeking to determine whether any of its members (which could be an individual or an entity) exceed \$5,000 in cumulative annual Lobbying Compensation and Expenses and would thereby need to be listed as a Beneficial Client on the Coalition's filings, pursuant to Part 943.9(h)(3) of the Commission's regulations.

Name of Individual or Entity: _____

Address: _____

1. Do you or does the entity contribute more than \$5,000 to the Coalition annually?

YES: ____ NO: ____

- If 'Yes,' you or the entity must be listed as a Beneficial Client by the Coalition on reports filed with JCOPE. Please sign and date the form and return to the Coalition.
- If 'No,' go to [Question #2](#).

2. Do you or does the entity currently file a Statement of Registration or Client Semi-Annual Report?

YES: ____ NO: ____

- If 'Yes,' you or the entity must be listed as a Beneficial Client by the Coalition on reports filed with JCOPE. Please sign and date the form and return to the Coalition.
- If 'No,' go to [Question #3](#).

3. Do you or does the entity engage in any other Lobbying Activities separate and apart from the Coalition's activities?

YES: ____ NO: ____

- If 'Yes,' go to [Question #4](#).
- If 'No,' you or the entity is **NOT required** to be listed as a Beneficial Client by the Coalition on reports filed with JCOPE. Please sign and date the form and return to the Coalition.

Questionnaire for Coalitions

4. (a) Aside from the amount you have contributed to the Coalition, how much do you or does your entity incur, expend, or receive, or anticipate incurring, expending or receiving, in **Reportable Compensation and Expenses** related to Lobbying Activity in New York this calendar year?

\$ _____

- (b) How much did or will you or your entity contribute to the Coalition this calendar year?

\$ _____

- (c) Adding the amounts listed in (a) and (b), does the total equate to more than \$5,000?

YES: _____ NO: _____

- If **'Yes,'** you or the entity must be listed as a Beneficial Client by the Coalition on reports filed with JCOPE. Please sign and date the form and return to the Coalition.
- If **'No,'** you or the entity is **NOT required** to be listed as a Beneficial Client by the Coalition on reports filed with JCOPE. Please sign and date the form and return to the Coalition.

I attest and affirm that the foregoing information is, to the best of my knowledge, true and accurate.

Signature _____

Date _____

Name (printed) _____

Title _____