



DISBURSEMENT OF PUBLIC MONIES REPORT

REPORTING PERIOD	
Year	
Bi-Monthly Period	
<input type="checkbox"/> Jan/Feb	<input type="checkbox"/> March/April
<input type="checkbox"/> July/August	<input type="checkbox"/> Sept/Oct
<input type="checkbox"/> May/June	<input type="checkbox"/> Nov/Dec
<input type="checkbox"/> Check if amendment	Amendment effective date of change

FOR OFFICE USE ONLY

NOTE: Before submitting a Disbursement of Public Monies report, please note the Principal Lobbyist must have at least one active Registration for a Client on file. This report is only required if Attempts to Influence the disbursement have occurred during the relevant filing period.

SECTION I - PRINCIPAL LOBBYIST INFORMATION

Report the Principal Lobbyist name and contact information.

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	

SECTION II - CONTRACTUAL CLIENT INFORMATION

Report the name and contact information of the Contractual Client (the individual or organization who retained or employed the Lobbyist to engage in Public Monies Lobbying Activities).

CLIENT TYPE

Select one: Organization Public Corporation Coalition

Check if Principal Lobbyist and the Contractual Client are the same. If checked, skip to Section III - 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 III - BENEFICIAL CLIENT INFORMATION

Report the name and contact information of the Beneficial Client (the individual or organization on whose behalf and at whose request Public Monies Lobbying Activities are being conducted by the Principal Lobbyist).

CLIENT TYPE

Select one: Organization Public Corporation Coalition

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

A. 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

CLIENT TYPE

Select one: Organization Public Corporation Coalition

B. 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 IV - INDIVIDUAL LOBBYIST INFORMATION

An Individual Lobbyist is any person Lobbying on behalf of the Principal Lobbyist for the benefit of the Client. All Individual Lobbyist(s) who engaged in Public Lobbying Activities during the Bi-Monthly Reporting period must be listed. Select the **'Designated Lobbyist'** check box if the person lobbies as a board member, director or officer for the Lobbying Organization. Please note: Individuals engaged in Public Monies Lobbying Activities may not necessarily be listed as an Individual Lobbyist on other Filings submitted by the Principal Lobbyist.

INDIVIDUAL LOBBYIST

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 LOBBYIST

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 LOBBYIST

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 LOBBYIST

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 LOBBYIST

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 LOBBYIST

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 V - CO-LOBBYIST INFORMATION (IF APPLICABLE)

If applicable, report the name(s) and contact information of all Co-Lobbyists of the Principal Lobbyist engaged in Public Monies Lobbying Activities. A Co-Lobbyist is NOT a Designated Lobbyist, Individual Lobbyist, Employee ('in-house') Lobbyist, or Retained Lobbyist. If you have NOT previously disclosed a relationship with this Co-Lobbyist to JCOPE, you must provide the 'Responsible Party Name and Contact Information'.

A. CO-LOBBYIST TYPE AND INFORMATION (IF APPLICABLE)

Select one: Organization Public Corporation Coalition

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 AND INFORMATION (IF APPLICABLE)

Select one: Organization Public Corporation Coalition

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 VI - SUB-LOBBYIST INFORMATION (IF APPLICABLE)

If applicable, report the name(s) and contact information of all Sub-Lobbyists retained by the Principal Lobbyist engaged in Public Monies Lobbying Activities. A Sub-Lobbyist is NOT a Designated Lobbyist, Individual Lobbyist, Employee ('In-house') Lobbyist, or Retained Lobbyist. If you have NOT previously disclosed a relationship with this Sub-Lobbyist to JCOPE, you must provide the 'Responsible Party Name and Contact Information'.

A. SUB-LOBBYIST TYPE AND INFORMATION (IF APPLICABLE)

Select one: Organization Public Corporation Coalition

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. SUB-LOBBYIST TYPE AND INFORMATION (IF APPLICABLE)

Select one: Organization Public Corporation Coalition

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 VII - COMPENSATION AND EXPENSES

Compensation and Expenses Expenses related to Public Monies Lobbying Activities must be disclosed during the reporting period in which they are expended, received, or incurred.

Compensation

You can indicate there is 'No Compensation to Report' – OR – Provide the Total Dollar Amount of Compensation related to Public Monies Lobbying Activities paid for all Lobbyists for the specified Bi-monthly reporting period.

Reimbursed Expenses

You can indicate there are 'No Reimbursed Expenses to Report' – OR – Provide the Total Dollar Amount of Reimbursed Expenses related to Public Monies Lobbying Activities received from the Client for the specified Bi-monthly reporting period.

Expenses

An expense is any cost related to Public Monies Lobbying Activities that is not Compensation paid to a Lobbyist and that is incurred by or reimbursed in connection with a Lobbying Activity. You must provide a dollar amount; you may indicate \$0.

Note: The Reimbursed Expense Total must be \$0 if you indicate there are no Lobbying Expenses in the Expense Section.

SUMMARY OF DPM COMPENSATION AND REIMBURSED EXPENSES FOR THIS PERIOD

Compensation

\$

(Current period only)

Reimbursed Expenses

\$

(Current period only)

OTHER DPM LOBBYING EXPENSES (CURRENT PERIOD ONLY)

I have no DPM expenses to report for this period (skip to section ??)

A. DPM EXPENSE

Paid to

Expense amount

\$

Expense reimbursed by the Client

Yes

No

Expense purpose (check one only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising - Billboards | <input type="checkbox"/> Consulting | <input type="checkbox"/> Rallies |
| <input type="checkbox"/> Advertising - Flyers | <input type="checkbox"/> E-advocacy | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Advertising - Print Media | <input type="checkbox"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event/Reception/Banquet |
| <input type="checkbox"/> Advertising - Television/Radio | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Buses for lobby event | <input type="checkbox"/> Lodging | <input type="checkbox"/> Travel Reimbursement - Train, Airfare, Car, Hotel |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Meals for lobby event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Photocopies | |

Expense Date (MM/DD/YYYY)

B. DPM EXPENSE

Paid to

Expense amount

\$

Expense reimbursed by the Client

Yes No

Expense purpose (*check one only*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising - Billboards | <input type="checkbox"/> Consulting | <input type="checkbox"/> Rallies |
| <input type="checkbox"/> Advertising - Flyers | <input type="checkbox"/> E-advocacy | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Advertising - Print Media | <input type="checkbox"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event/Reception/Banquet |
| <input type="checkbox"/> Advertising - Television/Radio | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Buses for lobby event | <input type="checkbox"/> Lodging | <input type="checkbox"/> Travel Reimbursement - Train, Airfare, Car, Hotel |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Meals for lobby event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Photocopies | |

Expense Date (MM/DD/YYYY)

C. DPM EXPENSE

Paid to

Expense amount

\$

Expense reimbursed by the Client

Yes No

Expense purpose (*check one only*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Advertising - Billboards | <input type="checkbox"/> Consulting | <input type="checkbox"/> Rallies |
| <input type="checkbox"/> Advertising - Flyers | <input type="checkbox"/> E-advocacy | <input type="checkbox"/> Rent |
| <input type="checkbox"/> Advertising - Print Media | <input type="checkbox"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event/Reception/Banquet |
| <input type="checkbox"/> Advertising - Television/Radio | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Buses for lobby event | <input type="checkbox"/> Lodging | <input type="checkbox"/> Travel Reimbursement - Train, Airfare, Car, Hotel |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Meals for lobby event | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Photocopies | |

Expense Date (MM/DD/YYYY)

SECTION IX- LOBBYING ACTIVITIES

1. Indicate the *'Level of Government'* Lobbied.
2. Include a brief *'Description of the Grant, Loan, or Agreement Involving the DPM'*.
3. Identify the *'Party (or Parties) Lobbied'*.

Please refer to the comprehensive list of Parties Lobbied on the JCOPE website. Only report one DPM per box.

LEVEL OF GOVERNMENT LOBBIED

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

A. Description of the Grant, Loan, or Agreement Involving the Disbursement of Public Monies	Parties Lobbied
	a.
	b.
	c.
	d.

B. Description of the Grant, Loan, or Agreement Involving the Disbursement of Public Monies	Parties Lobbied
	a.
	b.
	c.
	d.

C. Description of the Grant, Loan, or Agreement Involving the Disbursement of Public Monies	Parties Lobbied
	a.
	b.
	c.
	d.

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)

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