



LOBBYIST BI-MONTHLY 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

SECTION I - PRINCIPAL LOBBYIST INFORMATION

Before submitting a Bi-Monthly Report, please note that a corresponding Statement of Registration, relating to the lobbying relationship between the Lobbyist and Contractual Client and Beneficial Client covered by the Bi-Monthly Report, must be on file.

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 regarding the individual or organization that retained the services of the Principal Lobbyist for the benefit of itself or another. A Statement of Registration must have already been submitted for the below Contractual Client.

- 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

BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Zip Code

Country

Business phone

Ext.

Email address

SECTION III - BENEFICIAL CLIENT INFORMATION

Report the name and contact information regarding the specific individual or organization on whose behalf and at whose request Lobbying is conducted by the Lobbyist. At least one Beneficial Client must be listed on a Bi-Monthly. The Contractual Client and Beneficial Client may be the same.

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

SECTION III - BENEFICIAL CLIENT INFORMATION (CONTINUED)

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

SECTION IV - 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) who engaged in Lobbying Activities during the Bi-Monthly Reporting period must be listed; 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 the person lobbies as a board member, director or officer for the Lobbying Organization.

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

SECTION V - CO-LOBBYIST INFORMATION

If applicable, report the name(s) and contact information of all Co-Lobbyists retained by a Client on the same single retainer agreement or contract. A Co-Lobbyist is NOT a Designated Lobbyist, Individual Lobbyist, Employee ('in-house') Lobbyist, or Retained Lobbyist.

A. CO-LOBBYIST(S) INFORMATION (optional)

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

B. ADDITIONAL CO-LOBBYIST(S) INFORMATION (optional)

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

SECTION VI - SUB-LOBBYIST INFORMATION

If applicable, report the name(s) and contact information of all Sub-Lobbyists engaged to perform services by a Principal Lobbyist as part of an agreement between the Principal Lobbyist and the Contractual Client. A Sub-Lobbyist is NOT a Designated Lobbyist, Individual Lobbyist, Employee ('In-house') Lobbyist, or Retained Lobbyist.

A. SUB-LOBBYIST(S) INFORMATION (optional)

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

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

Name			
Street		Street 2 <i>(optional)</i>	
City	State	Zip code	Country
Business phone		Ext.	
Email address			

SECTION VII - COMPENSATION AND EXPENSES

Compensation

You can indicate there is 'No Compensation to Report' or provide the Grand Total (Dollar Amount) of Compensation of ALL Individual Lobbyists for the current Bi-Monthly reporting period.

Reimbursed Expense(s)

Reimbursable Expenses must be disclosed during the reporting period in which they are expended, received or incurred. You can indicate there is 'No Reimbursed Expenses to Report' or provide the Grand Total (Dollar Amount) of Reimbursed Expenses for current the Bi-Monthly reporting period. (The total dollar amount of Reimbursed Expenses received from the Client.)

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

SUMMARY OF COMPENSATION AND REIMBURSED EXPENSES FOR THIS PERIOD

Compensation to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Current period only)	\$ <input type="text"/>
Reimbursed Expenses to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reimbursed Expenses (Current period only)	\$ <input type="text"/>

OTHER LOBBYING EXPENSES (CURRENT PERIOD ONLY)

Report in the aggregate all expenses less than or equal to \$75	\$ <input type="text"/>
Report in the aggregate all expenses for salaries of non-lobbying employees	\$ <input type="text"/>

REPORT IN THE AGGREGATE ALL ITEMIZED EXPENSES EXCEEDING \$75

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

A. INDIVIDUAL ITEMIZED EXPENSES EXCEEDING \$75

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. INDIVIDUAL ITEMIZED EXPENSES EXCEEDING \$75

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 VII (b) - ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75

Report the name, dollar amount, and expense purpose for itemized expenses exceeding \$75 paid to an Organization. If applicable, an Expense Detail Section is required if an Itemized Expense is paid to an Organization on behalf of an Individual (or Individuals). The dollar amount(s) attributable to each Expense Detail must, when added together, equal the Total (Dollar Expense Amount) of the Itemized Expense paid to the Organization. (Expense Amount \$ = Expense Detail A + Expense Detail B + Expense Detail C)

A. ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75

Expense paid to

Expense amount

\$

Expense reimbursed by the Client

Yes

No

Expense purpose (check one only)

Advertising - Billboards

Consulting

Rallies

Advertising - Flyers

E-advocacy

Rent

Advertising - Print Media

Legislative Bill Tracking

Social Event/Reception/Banquet

Advertising - Television/Radio

Legislative Research

Social Media - Websites

Buses for lobby event

Lodging

Travel Reimbursement - Train, Airfare, Car, Hotel

Cell Phone

Meals for lobby event

Other _____

Computer/Internet

Photocopies

Expense Date (MM/DD/YYYY)

A. EXPENSE DETAIL (IF APPLICABLE)

Last name

First name

Middle name (optional)

Title (optional)

Amount

\$

Employer

B. EXPENSE DETAIL (IF APPLICABLE)

Last name

First name

Middle name (optional)

Title (optional)

Amount

\$

Employer

C. EXPENSE DETAIL (IF APPLICABLE)

Last name

First name

Middle name (optional)

Title (optional)

Amount

\$

Employer

B. ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75

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)

A. EXPENSE DETAIL (IF APPLICABLE)

Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ <input style="border: 1px solid red;" type="text"/>	Employer

B. EXPENSE DETAIL (IF APPLICABLE)

Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ <input style="border: 1px solid red;" type="text"/>	Employer

C. EXPENSE DETAIL (IF APPLICABLE)

Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ <input style="border: 1px solid red;" type="text"/>	Employer

SECTION VIII - COALITION MEMBER CONTRIBUTIONS, IF APPLICABLE

If applicable, report the Coalition name and the contribution amount given to the Coalition during the Bi-Monthly reporting period. Disclosure of such information is NOT required if the Coalition opts to file as a Lobbyist or Client.

COALITION MEMBER CONTRIBUTION AMOUNTS (CURRENT PERIOD ONLY)

Coalition name

Contribution Amount

\$

Coalition name

Contribution Amount

\$

SECTION IX - LOBBYING SUBJECT(S)

Filers should report any Lobbying Subject(s) they lobbied on during the specified Bi-Monthly 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- LOBBYING ACTIVITIES

Lobbying Activities can be modified—added or removed—on a Bi-Monthly Report. Also, changes to this section do not require a Registration Amendment. First, indicate the 'Level of Government Lobbied' during the Bi-Monthly Reporting period. For each 'Focus Type' (State Bill, Municipal Procurement, etc.) disclosed, indicate: if the Focus Type is for the State or Municipal level; the type of Lobbying Communication (Monitoring only, Direct Lobbying, Grassroots Lobbying, or Both); and the 'Parties Lobbied' on the specific Focus Type.

If the Identifying No. does not yet exist, enter a brief description of the Focus. Select the 'Monitoring Only' check box if you are only monitoring the Focus Type. If selected, you are not required to disclose Parties Lobbied. Please refer to the comprehensive list of Parties Lobbied on the JCOPE website.

Only enter information on one Focus Type per row. Select a 'Focus Type' from the following categories:

- State Bill
- Municipal Bill
- State Executive Order
- Municipal Executive Order
- State Law
- Municipal Law
- State Procurement
- Municipal Procurement
- State Resolution
- Municipal Resolution
- State Regulation/Rate-making/Rule
- Municipal Regulation/Rate-making/Rule
- State Tribal Compact Agreement - NYS Indian Nations
 - Cayuga Nation
 - St. Regis Mohawk Tribe
 - Oneida Nation of NY
 - Onondaga Nation
 - Seneca Nation of Indians
 - Tuscarora Nation of NY
 - Unkechague Poosepatuck Indian Tribe
 - Shinnecock Indian Nation
 - Tonawanda Band of Seneca Indians of NY

LEVEL OF GOVERNMENT LOBBIED

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

Focus Type	Identifying No./Description of Focus	Type of Lobbying Communication (select one)	Parties Lobbied
1. State Bill	A123 (Example)	<input type="checkbox"/> Monitoring Only	a. NYS Senate
		<input type="checkbox"/> Direct Lobbying	b. Senator John Doe
		<input type="checkbox"/> Grassroots Lobbying	c.
		<input type="checkbox"/> Both (Direct and Grassroots)	d.
2.		<input type="checkbox"/> Monitoring Only	a.
		<input type="checkbox"/> Direct Lobbying	b.
		<input type="checkbox"/> Grassroots Lobbying	c.
		<input type="checkbox"/> Both (Direct and Grassroots)	d.

SECTION X- LOBBYING ACTIVITIES (CONTINUED)

Focus Type	Identifying No./Description of Focus	Type of Lobbying Communication (<i>select one</i>)	Parties Lobbied
3.		<input type="checkbox"/> Monitoring Only	<i>a.</i>
		<input type="checkbox"/> Direct Lobbying	<i>b.</i>
		<input type="checkbox"/> Grassroots Lobbying	<i>c.</i>
		<input type="checkbox"/> Both (<i>Direct and Grassroots</i>)	<i>d.</i>
4.		<input type="checkbox"/> Monitoring Only	<i>a.</i>
		<input type="checkbox"/> Direct Lobbying	<i>b.</i>
		<input type="checkbox"/> Grassroots Lobbying	<i>c.</i>
		<input type="checkbox"/> Both (<i>Direct and Grassroots</i>)	<i>d.</i>
5.		<input type="checkbox"/> Monitoring Only	<i>a.</i>
		<input type="checkbox"/> Direct Lobbying	<i>b.</i>
		<input type="checkbox"/> Grassroots Lobbying	<i>c.</i>
		<input type="checkbox"/> Both (<i>Direct and Grassroots</i>)	<i>d.</i>
6.		<input type="checkbox"/> Monitoring Only	<i>a.</i>
		<input type="checkbox"/> Direct Lobbying	<i>b.</i>
		<input type="checkbox"/> Grassroots Lobbying	<i>c.</i>
		<input type="checkbox"/> Both (<i>Direct and Grassroots</i>)	<i>d.</i>
7.		<input type="checkbox"/> Monitoring Only	<i>a.</i>
		<input type="checkbox"/> Direct Lobbying	<i>b.</i>
		<input type="checkbox"/> Grassroots Lobbying	<i>c.</i>
		<input type="checkbox"/> Both (<i>Direct and Grassroots</i>)	<i>d.</i>

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)

- If applicable, continuation sheets for sections ?

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