



CLIENT SEMI-ANNUAL REPORT

REPORTING YEAR/PERIOD	
Calendar year	
Client Semi-Annual Reporting Period	
<input type="checkbox"/> January/June	<input type="checkbox"/> July/December
<input type="checkbox"/> Check if amendment	Amendment effective date of change

FOR OFFICE USE ONLY

BE ADVISED: A Client Semi-Annual Report is NOT REQUIRED if you are a Principal Lobbyist who ONLY lobbies on their own behalf and does not utilize the services of any Retained Lobbyists. However, you ARE REQUIRED to comply with the Source of Funding disclosure information which is a separate form available on the JCOPE website. See Commission Regulations for more information.

SECTION I - CONTRACTUAL CLIENT INFORMATION

Report the Contractual Client name and contact information. Enter the Responsible Party information (pg. 2) if you have never filed with JCOPE.

Select **'Organization'** if filing for a person or company, firm, entity, or other Organization who utilizes Employed or Retained Lobbyists to lobby on behalf of itself, or incurs Lobbying Expenses on behalf of itself or another.

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 who utilizes Retained Lobbyists.

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 and who opted to file as a Lobbyist or Client.

CONTRACTUAL CLIENT TYPE AND INFORMATION

Select one: Organization Public Corporation Coalition

Name

Also known as

NYBE # (If known)

BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Zip Code

Country

Business phone

Ext.

Email address

SECTION I - CONTRACTUAL CLIENT INFORMATION (CONTINUED)

ALTERNATE BUSINESS ADDRESS				<input type="checkbox"/> <i>check if primary mailing address</i>
Street		Street 2 (optional)		
City	State	Country	Zip code	
RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CONTRACTUAL CLIENT				
<i>Complete the 'Responsible Party' section only if the Contractual Client submitting the Client Semi-Annual Report has never filed Lobbying reports with JCOPE.</i>				
Last name		First name		
Middle name (optional)		Suffix (optional)		
Business title				
Phone number		Ext.		
Email address		Alt Email		

SECTION II (A) - PRINCIPAL LOBBYIST 'A' INFORMATION

- **Section II(A)** - Report the name and contact information of your Principal Lobbyist. If the Principal Lobbyist has not yet submitted a Lobbyist Statement of Registration with JCOPE to lobby on your behalf, enter the '**Lobbyist Start Date**' and the '**Responsible Party Name**' and contact information where indicated.
- **Section II(A)(i)** - Report the name and contact information of the Beneficial Client(s) affiliated to the Principal Lobbyist reported in II(A) of this section.
- **Section II(A)(ii) and (iii)** - If applicable, report the name and contact information of additional Beneficial Clients affiliated to the Principal Lobbyist reported in II(A) of this section.

* If you are Lobbying on your own behalf (you are the Principal Lobbyist and the Contractual Client) **and** you utilize the services of Retained Lobbyist(s), select '**Employed**' as the Type of Lobbying Relationship and skip to Section II(B).

Refer to the following when entering the summary of Compensation and Reimbursed Expenses paid to a Principal Lobbyist

- **Compensation** - You can indicate there is '**No Compensation to Report**' - OR - **Provide the Compensation** amount paid to your Principal Lobbyist for the current Client Semi-Annual Reporting Period.
- **Reimbursed Expenses** - You can indicate there are '**No Reimbursed Expenses to Report**' - OR - **Provide the Reimbursed Expense(s)** paid to your Principal Lobbyist for the current Client Semi-Annual Report Period.

NOTE: Employed Lobbyists do not have any Reimbursed Expenses.

PRINCIPAL LOBBYIST 'A' - TYPE OF LOBBYING RELATIONSHIP (BETWEEN LOBBYIST AND CLIENT)

Select one: **Employed*** **Retained** **Public Corporation**

* **Please Note:** By selecting '**Employed**' above, this section will be auto-populated from information contained in your Organization Profile, Statement of Registration and Bi-Monthly Reports. All Expenses and Lobbying Activities (Focuses) will also be auto-populated.

LEVEL OF GOVERNMENT LOBBIED

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

PRINCIPAL LOBBYIST 'A' NAME AND INFORMATION

Name	Lobbyist Start Date
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 'A' (If applicable)

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

SUMMARY OF COMPENSATION AND REIMBURSED EXPENSES PAID TO PRINCIPAL LOBBYIST 'A' FOR THIS PERIOD

Compensation and Expenses must be disclosed during the reporting period in which they are expended, received or incurred.

Compensation to report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Current period only)	\$ <input style="border: 2px solid red;" type="text"/>
Reimbursed Expenses to report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reimbursed Expenses (Current period only)	\$ <input style="border: 2px solid red;" type="text"/>

SECTION II (A)(i) - BENEFICIAL CLIENT 'A' FOR PRINCIPAL LOBBYIST 'A'

Report the name and contact information of the Beneficial Client (the individual or organization on whose behalf and at whose request Lobbying services were conducted by the Principal Lobbyist). Every Client Semi-Annual Report must include the name of at least ONE Beneficial Client; however multiple Beneficial Clients may be listed. If the Contractual Client and Beneficial Client are the SAME, indicate such by clicking on the check box below. Enter the 'Responsible Party' section only if the Beneficial Client is different from the Contractual Client and the Beneficial Client has never filed Lobbying reports with JCOPE.

Check if Contractual Client and Beneficial Client are the same.

- If checked, you may enter the name of an additional Beneficial Client affiliated to the Principal Lobbyist below.
- If you have an additional Principal Lobbyist other than yourself to report, skip to Section II (B) - Principal Lobbyist 'B' Information
- If you do not have another Principal Lobbyist to report, skip to Section III - Summary of Client Expenses

BENEFICIAL CLIENT 'A' TYPE

Select one: Organization Public Corporation Coalition

BENEFICIAL CLIENT 'A' 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

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT 'A' (If applicable)

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION II (A)(ii) - BENEFICIAL CLIENT 'B' FOR PRINCIPAL LOBBYIST 'A' (If applicable)

If applicable, report the name and contact information of an additional Beneficial Client affiliated to Principal Lobbyist A. Enter the 'Responsible Party' section only if the Beneficial Client has never filed Lobbying reports with JCOPE.

BENEFICIAL CLIENT 'B' TYPE

Select one: Organization Public Corporation Coalition

B. BENEFICIAL CLIENT 'B' 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

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT 'B' (If applicable)

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION II (A) (iii) BENEFICIAL CLIENT 'C' FOR PRINCIPAL LOBBYIST 'A' (If applicable)

If applicable, report the name and contact information of an additional Beneficial Client affiliated to Principal Lobbyist A. Enter the 'Responsible Party' section only if the Beneficial Client has never filed Lobbying reports with JCOPE.

BENEFICIAL CLIENT 'C' TYPE

Select one: Organization Public Corporation Coalition

C. BENEFICIAL CLIENT 'C' NAME AND INFORMATION

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

<input type="checkbox"/> Check if a Coalition Member		NYBE # (If known)	
Name			
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 BENEFICIAL CLIENT 'C' (If applicable)			
Last name		First name	
Middle name (optional)		Title	
Business phone		Email	

SECTION II (B) - PRINCIPAL LOBBYIST 'B' INFORMATION (If applicable)

- **Section II(B)** - If applicable, report the name and contact information of an additional Retained Principal Lobbyist. If the Principal Lobbyist has not yet submitted a Lobbyist Statement of Registration with JCOPE to lobby on your behalf, enter the '**Lobbyist Start Date**' and the '**Responsible Party Name**' and contact information where indicated.
- **Section II (B)(i)** - Report the name and contact information of the Beneficial Client affiliated to the Principal Lobbyist reported in II (B) of this section.
- **Section II (B)(ii) and (iii)** - If applicable, report the name and contact information of additional Beneficial Clients affiliated to the Principal Lobbyist reported in II (B) of this section.

PRINCIPAL LOBBYIST 'B' - TYPE OF LOBBYING RELATIONSHIP (BETWEEN LOBBYIST AND CLIENT)

Select one: Retained Public Corporation

LEVEL OF GOVERNMENT LOBBIED

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

SECTION II (B) - PRINCIPAL LOBBYIST B INFORMATION (CONTINUED)

PRINCIPAL LOBBYIST NAME AND INFORMATION			
Name		Lobbyist Start Date	
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		<input type="checkbox"/> check if primary mailing address	
Street		Street 2 (optional)	
City	State	Country	Zip code
RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR PRINCIPAL LOBBYIST (If applicable)			
Last name		First name	
Middle name (optional)		Suffix (optional)	
Business title			
Phone number		Ext.	
Email address		Alt Email	
SUMMARY OF COMPENSATION AND REIMBURSED EXPENSES PAID TO PRINCIPAL LOBBYIST 'B' FOR THIS PERIOD			
<i>Compensation and Expenses must be disclosed during the reporting period in which they are expended, received or incurred.</i>			
Compensation to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Compensation (Current period only)	\$ <input style="border: 1px solid red;" type="text"/>
Reimbursed Expenses to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reimbursed Expenses (Current period only)	\$ <input style="border: 1px solid red;" type="text"/>

SECTION II (B)(i) - BENEFICIAL CLIENT 'A' FOR PRINCIPAL LOBBYIST 'B' (If applicable)

Report the name and contact information of the Beneficial Client(s) affiliated to Principal Lobbyist B. A 'Beneficial Client' is the individual or organization on whose behalf and at whose request lobbying services were conducted by the Principal Lobbyist.

The Beneficial Client may be the same as the Contractual Client, or it may be a different entity. Multiple Beneficial Clients may exist in a lobbying effort and may be listed on a single Client Semi-Annual Report as long as all Beneficial Clients are pursuing the same issues/Lobbying Activities being conducted by the Principal Lobbyist.

Check if Contractual Client and Beneficial Client are the same.

- If checked, you may enter the name of an additional Beneficial Client affiliated to the Principal Lobbyist below.
- If you do not have another Principal Lobbyist to report, skip to Section III - Summary of Client Expenses

BENEFICIAL CLIENT 'A' TYPE

Select one: Organization Public Corporation Coalition

BENEFICIAL CLIENT 'A' 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

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT 'A' (If applicable)

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION II (B)(ii) - BENEFICIAL CLIENT 'B' FOR PRINCIPAL LOBBYIST 'B' (If applicable)

If applicable, report the name and contact information of an additional Beneficial Client affiliated to Principal Lobbyist B. Enter the 'Responsible Party' section only if the Beneficial Client has never filed Lobbying reports with JCOPE.

BENEFICIAL CLIENT 'B' TYPE

Select one: Organization Public Corporation Coalition

BENEFICIAL CLIENT 'B' 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

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT 'B' (If applicable)

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION II (B)(iii) - BENEFICIAL CLIENT 'C' FOR PRINCIPAL LOBBYIST B (If applicable)

If applicable, report the name and contact information of an additional Beneficial Client affiliated to Principal Lobbyist B. Enter the 'Responsible Party' section only if the Beneficial Client has never filed Lobbying reports with JCOPE.

BENEFICIAL CLIENT 'C' TYPE

Select one: Organization Public Corporation Coalition

SECTION II (B)(iii) - BENEFICIAL CLIENT 'C' FOR PRINCIPAL LOBBYIST 'B'

BENEFICIAL CLIENT 'C' 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

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT 'C' (If applicable)

Last name

First name

Middle name (optional)

Title

Business phone

Email

SECTION III - SUMMARY OF CLIENT EXPENSES FOR THE SPECIFIED REPORTING PERIOD

Expenses

An expense is any cost of Lobbying Activity 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.

Refer to the following when completing the 'Other Lobbying Expenses' section below.

- **Aggregated** – Expenses of \$75 or less may be reported as a single aggregated total dollar amount.
- **Salaries of non-Lobbying employees** – Compensation paid to those professional and clerical employees who do not engage in Direct or Grassroots Lobbying Activity.

OTHER LOBBYING EXPENSES (CURRENT PERIOD ONLY)

Report in the aggregate all expenses less than or equal to \$75

\$

Report in the aggregate all expenses for salaries of non-lobbying employees

\$

SECTION III (a) - INDIVIDUAL ITEMIZED EXPENSES EXCEEDING \$75

You can indicate there are 'No Itemized Expenses to Report' – OR – Report separate dollar amounts for each Itemized Expense over \$75.

Use **Section III(a)** to report Itemized Expenses over \$75 **paid to an Individual**. Provide 'Last Name, First Name' in the Expense paid to section, as well as the remainder of required information (expense amount, expense purpose, expense date, and whether the expense was reimbursed by your Client).

Use **Section III(b)** to report Itemized Expenses over \$75 **paid to an Organization**.

REPORT IN THE AGGREGATE ALL ITEMIZED EXPENSES EXCEEDING \$75

- I have no itemized expenses to report for this period (If applicable, skip to Section IV - Coalition Member Contributions)

Note: Any Reimbursed Expense Totals paid to a Retained Principal Lobbyist must be \$0 if you indicate there are no Lobbying Expenses in the Expense Section.

SECTION III (a) - INDIVIDUAL ITEMIZED EXPENSE EXCEEDING \$75

Expense paid to

Expense Date (MM/DD/YYYY)

Expense amount

\$

Expense reimbursed to the Lobbyist

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 | |

SECTION III (a) - INDIVIDUAL ITEMIZED EXPENSE EXCEEDING \$75

Expense paid to

Expense Date (MM/DD/YYYY)

Expense amount

\$

Expense reimbursed to the Lobbyist

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 | |

SECTION III (b) - ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75

Provide the Organization Name in the **Expense paid to** section, as well as the remainder of required information (expense amount, expense purpose, expense date, and whether the expense was reimbursed to a Principal Lobbyist).

If applicable, Itemized Expenses paid to an Organization on behalf of an Individual (or Individuals) must include the Expense Detail(s). Please see the Client Semi-Annual instructions for an example of this disclosure.

NOTE: The TOTAL (Dollar amount) of the Itemized Expense equals the amounts reported in each of the Expense Details (A + B + C).

SECTION III (b) - ORGANIZATION ITEMIZED EXPENSE EXCEEDING \$75		
Expense paid to	Expense Date (MM/DD/YYYY)	
Expense amount \$ 	Expense reimbursed to the Lobbyist <input type="checkbox"/> Yes <input type="checkbox"/> No	
Expense purpose (<i>check one only</i>)		
<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	

A. EXPENSE DETAIL (IF APPLICABLE)	
Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ 	Employer

B. EXPENSE DETAIL (IF APPLICABLE)	
Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ 	Employer

C. EXPENSE DETAIL (IF APPLICABLE)	
Last name	First name
Middle name (<i>optional</i>)	Title (<i>optional</i>)
Amount \$ 	Employer

SECTION III (b) - ORGANIZATION ITEMIZED EXPENSE EXCEEDING \$75

Expense paid to

Expense Date (MM/DD/YYYY)

Expense amount

\$

Expense reimbursed to the Lobbyist

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 | |

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

SECTION IV - COALITION MEMBER CONTRIBUTIONS, IF APPLICABLE

If applicable, report the Coalition name and the contribution amount given to the Coalition during the Client Semi-Annual 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 V - REPORTABLE BUSINESS RELATIONSHIP

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 Client Semi-Annual report upon submission.

- No Reportable Business Relationship(s) exists during this Calendar Year
- I have at least one NEW Reportable Business Relationship(s) during this Calendar Year to disclose
- A previously submitted RBR(s) still exists and is current and correct
- A previously submitted RBR still exists but requires Amendment or Termination

SECTION VI - SOURCE OF FUNDING INFORMATION

Your Beneficial Client(s) must select a SoF summary statement and may be required to disclose Source of Funding information. More information can be found in the Regulations Part 938 and Chapter 8 of the Guide to Lobbying.

SELECT ONE:

If the Beneficial Client is also the Contractual Client, you must select one of the options below. If you do have to disclose Source of Funding information, please download and complete the pre-formatted Excel Spreadsheet from the JCOPE website. E-mail the completed spreadsheet to CSA@jcope.ny.gov with the subject line 'SoF Excel Spreadsheet'. Paper copies of the Excel Spreadsheet will not be accepted, you must attach the original source file to the e-mail. Please include your contact information to avoid unnecessary filing delays.

Reporting is NOT required

- Beneficial Client is a 501(c)(3) or government organization
- Beneficial Client had no applicable Contributions
- Beneficial Client is under spending threshold
- Exemption pending or previously approved

Reporting IS required

If 'Reporting is Required' is selected, the Client Filer is required to provide Source Type and Information for each identified Source.

- Reporting is required

SECTION VII - LOBBYING SUBJECT(S)

Filers must report any Lobbying Subject(s) that were lobbied on during the specified Client Semi-Annual reporting period. Please choose from the comprehensive list of 'Lobbying Subjects' posted to the JCOPE website and enter one subject per row.

Lobbying Subject(s)	
1	Agribusiness - General (example)
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	

SECTION VIII- LOBBYING ACTIVITIES

1. Indicate the *'Level of Government Lobbied'* during this Client Semi-Annual reporting period.
2. Indicate the *'Focus Type'* (see categories below) of the Identifying Number lobbied.
3. Indicate the *'Focus (Identifying Number) lobbied'* (or a description if there is no number).
4. Indicate the *'Type of Lobbying Communication'* for the specified Focus.
5. Identify the *'Party (or Parties) Lobbied'* for the specified Focus.

Select the *'Monitoring Only'* check box if Focus Type was only monitored. If selected, you are not required to disclose Parties Lobbied for that Focus Type. Please refer to the comprehensive list of Parties Lobbied on the JCOPE website. Enter 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

REPORT ALL FOCUSES DISCLOSED BY ALL RETAINED PRINCIPAL LOBBYISTS

Indicate by selecting 'Yes' or 'No' if you would like all Focuses reported by your Principal (Retained) Lobbyist(s) to be included in your Client Semi-Annual Report. Lobbying Activities reported by a Principal Lobbyist include the identifying number or description of the Focus, Type of Lobbying Communication and Parties Lobbied. Information disclosed is from Bi-Monthly reports and amendments submitted during the six-month Client Semi-Annual reporting period.

Include all Focuses reported by a Principal Lobbyist(s)? YES NO

REPORT LOBBYING FOCUSES BELOW - If you select 'No' above or have additional Focuses to include.

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 VIII- 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 Chief Administrative Officer of the Contractual Client. (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: Chief Administrative Officer Designee(Attach Letter)

PAYMENT INFORMATION

Please make all checks payable to the Joint Commission on Public Ethics (NYS), and include the reporting period, year, and Contractual Client Name in the memo section to avoid delays and/or the return of payment to sender, which may occur if JCOPE staff is unable to identify the filing associated with the payment.

Check number

The following MUST be attached to this Client Semi-Annual at the time of submission:

- \$50 Client Semi-Annual fee payable by check. Please include the filing year, filing period (January/June or July December) and the name of the Contractual Client on the memo line.
- If applicable, Source of Funding Information in Section VI. If required, please download and complete the pre-formatted Excel Spreadsheet from the JCOPE website. E-mail the completed spreadsheet to CSA@jcope.ny.gov with the subject line ‘SoF Excel Spreadsheet’. Paper copies of the Excel Spreadsheet will not be accepted, you must attach the original source file to the e-mail. Please include your contact information to avoid unnecessary filing delays.
- If applicable, and not already filed, the Reportable Business Relationship form in Section V.
- If applicable, a designation letter if you have marked designee in Section IX.

PLEASE NOTE: The original signed document is required to be mailed. You may be assessed up to \$25 for each day this report is late. Completed forms may be sent to:

New York State Joint Commission on Public Ethics
 540 Broadway
 Albany, New York 12207