



CLIENT SEMI-ANNUAL REPORT

REPORTING YEAR AND PERIOD	
Client Semi-Annual Report 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 INFORMATION		
Select your organization type:		
<input type="checkbox"/> Lobbyist or Client Organization	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Coalition
Entity Name	Also known as	
CONTRACTUAL CLIENT BUSINESS ADDRESS AND CONTACT INFORMATION		
Business 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.

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:** 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). If '**Employed**' is selected, do **NOT** enter Reimbursed Expense amounts. All Expense and Lobbying Activity information will be auto-populated from information contained in your Organization Profile, Statement of Registration and Bi-Monthly Reports.

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

LEVEL OF GOVERNMENT LOBBIED

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

PRINCIPAL LOBBYIST 'A' NAME AND CONTACT INFORMATION

Name	
Also Known As	Lobbyist Start Date

BUSINESS ADDRESS AND CONTACT INFORMATION

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

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	\$ <input type="text"/>
		(Current Period only)
Reimbursed Expenses to Retained Lobbyists to report? <input type="checkbox"/> Yes <input type="checkbox"/> No	*Reimbursed Expenses to Retained Lobbyists	\$ <input type="text"/>
		(Current Period only)

*Note: Do NOT enter Reimbursed Expenses if 'Employed' is selected as the Type of Lobbying Relationship.

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.

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.

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.

BENEFICIAL CLIENT 'A' TYPE

Select one: Organization Public Corporation Coalition Coalition Member? Yes No

BENEFICIAL CLIENT 'A' NAME AND INFORMATION

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

Name		
Business Street Address		
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 Coalition Member? Yes No

BENEFICIAL CLIENT 'B' NAME AND INFORMATION

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

Name

Business Street Address

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 Coalition Member? Yes No

SECTION II (A) (iii) - BENEFICIAL CLIENT 'C' INFORMATION (CONTINUED)

BENEFICIAL CLIENT 'C' NAME AND INFORMATION

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

Name

Business Street Address

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			
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 'B' (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	\$ <input type="text"/> (Current Period only)
Reimbursed Expenses to Retained Lobbyists to report?	<input type="checkbox"/> Yes <input type="checkbox"/> No	*Reimbursed Expenses to Retained Lobbyists	\$ <input type="text"/> (Current Period only)

*Note: Reimbursed Expenses are only applicable to Retained Lobbying relationships.

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.

BENEFICIAL CLIENT 'A' TYPE

Select one: Organization Public Corporation Coalition Coalition Member? Yes No

BENEFICIAL CLIENT 'A' NAME AND INFORMATION

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

Name

Business Street Address

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 Coalition Member? Yes No

BENEFICIAL CLIENT 'B' NAME AND INFORMATION

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

Name

Business Street Address

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 Coalition Member? Yes No

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

BENEFICIAL CLIENT 'C' NAME AND INFORMATION

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

Name

Business Street Address

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/ ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75

If the Contractual Client has employed lobbyists, all Itemized Expenses reported on their Bi-monthly Reports will automatically populate to the Client Semi-Annual (CSA) Report when JCOPE data-enters the information into the Lobbying Application. To avoid duplicate reporting, do NOT include any Itemized Expenses already reported in an Employed Lobbyist's Bi-monthly Reports submitted during the same CSA reporting period. (You must submit an amended Bi-monthly Report to change these Itemized Expenses.)

NOTE: The information that will be populated to your Client Semi-Annual is from reports submitted by your Employed Lobbyist(s) as of the date JCOPE data-enters your Filing. The information may not include all Lobbying Activities performed by your Lobbyist(s) since the last Bi-monthly report of the corresponding reporting period is due the same date as the Client Semi-Annual. 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 or an Organization. Provide 'Last Name, First Name' in the Expense paid to section for an Itemized Expenses paid to an Individual. Complete all other required information (expense amount, expense purpose, expense date, and whether the expense was reimbursed to the Lobbyist.)

Use Section III(b) to report Itemized Expenses over \$75 paid to an Organization that requires an Expense Detail.

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.

ITEMIZED EXPENSE EXCEEDING \$75 PAID TO AN INDIVIDUAL OR ORGANIZATION

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"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event – Reception/Banquet (number of attendees) |
| <input type="checkbox"/> Advertising – Consulting | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Event – Rent |
| <input type="checkbox"/> Advertising – E-Advocacy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel) |
| <input type="checkbox"/> Advertising – Flyers/Posters | <input type="checkbox"/> Postage | <input type="checkbox"/> Social Media – Phone, Internet |
| <input type="checkbox"/> Advertising – Print media | <input type="checkbox"/> Rent | <input type="checkbox"/> Social Media – Web Maintenance |
| <input type="checkbox"/> Advertising – Television/Radio/ Online News sites | <input type="checkbox"/> Social Event – Buses for lobby day | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Advertising – Websites | <input type="checkbox"/> Social Event – Consulting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Social Event – Lodging | |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Social Event – Meals for lobby day | |
| | <input type="checkbox"/> Social Event – Rallies | |

ITEMIZED EXPENSE EXCEEDING \$75 PAID TO AN INDIVIDUAL OR ORGANIZATION

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"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event – Reception/Banquet
(number of attendees) |
| <input type="checkbox"/> Advertising – Consulting | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Event – Rent |
| <input type="checkbox"/> Advertising – E-Advocacy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> Social Event – Travel
Reimbursement (Train, Airfare,
Car, Hotel) |
| <input type="checkbox"/> Advertising – Flyers/Posters | <input type="checkbox"/> Postage | <input type="checkbox"/> Social Media – Phone, Internet |
| <input type="checkbox"/> Advertising – Print media | <input type="checkbox"/> Rent | <input type="checkbox"/> Social Media – Web Maintenance |
| <input type="checkbox"/> Advertising – Television/Radio/
Online News sites | <input type="checkbox"/> Social Event – Buses for lobby day | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Advertising – Websites | <input type="checkbox"/> Social Event – Consulting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Social Event – Lodging | |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Social Event – Meals for lobby day | |
| | <input type="checkbox"/> Social Event – Rallies | |

ITEMIZED EXPENSE EXCEEDING \$75 PAID TO AN INDIVIDUAL OR ORGANIZATION

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"/> Legislative Bill Tracking | <input type="checkbox"/> Social Event – Reception/Banquet
(number of attendees) |
| <input type="checkbox"/> Advertising – Consulting | <input type="checkbox"/> Legislative Research | <input type="checkbox"/> Social Event – Rent |
| <input type="checkbox"/> Advertising – E-Advocacy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> Social Event – Travel
Reimbursement (Train, Airfare,
Car, Hotel) |
| <input type="checkbox"/> Advertising – Flyers/Posters | <input type="checkbox"/> Postage | <input type="checkbox"/> Social Media – Phone, Internet |
| <input type="checkbox"/> Advertising – Print media | <input type="checkbox"/> Rent | <input type="checkbox"/> Social Media – Web Maintenance |
| <input type="checkbox"/> Advertising – Television/Radio/
Online News sites | <input type="checkbox"/> Social Event – Buses for lobby day | <input type="checkbox"/> Social Media – Websites |
| <input type="checkbox"/> Advertising – Websites | <input type="checkbox"/> Social Event – Consulting | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cell Phone | <input type="checkbox"/> Social Event – Lodging | |
| <input type="checkbox"/> Computer/Internet | <input type="checkbox"/> Social Event – Meals for lobby day | |
| | <input type="checkbox"/> Social Event – Rallies | |

SECTION III (b) - ORGANIZATION ITEMIZED EXPENSES WITH EXPENSE DETAIL

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"/> Advertising – Consulting <input type="checkbox"/> Advertising – E-Advocacy <input type="checkbox"/> Advertising – Flyers/Posters <input type="checkbox"/> Advertising – Print media <input type="checkbox"/> Advertising – Television/Radio/ Online News sites <input type="checkbox"/> Advertising – Websites <input type="checkbox"/> Cell Phone <input type="checkbox"/> Computer/Internet	<input type="checkbox"/> Legislative Bill Tracking <input type="checkbox"/> Legislative Research <input type="checkbox"/> Photocopies <input type="checkbox"/> Postage <input type="checkbox"/> Rent <input type="checkbox"/> Social Event – Buses for lobby day <input type="checkbox"/> Social Event – Consulting <input type="checkbox"/> Social Event – Lodging <input type="checkbox"/> Social Event – Meals for lobby day <input type="checkbox"/> Social Event – Rallies
<input type="checkbox"/> Social Event – Reception/Banquet (number of attendees) <input type="checkbox"/> Social Event – Rent <input type="checkbox"/> Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel) <input type="checkbox"/> Social Media – Phone, Internet <input type="checkbox"/> Social Media – Web Maintenance <input type="checkbox"/> Social Media – Websites <input type="checkbox"/> Other _____	
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 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	\$ <input type="text"/>
<hr/>		
Coalition name	Contribution Amount	\$ <input type="text"/>

SECTION V - REPORTABLE BUSINESS RELATIONSHIP

Indicate whether or not you have a Reportable Business Relationship (“RBR”) to report by selecting one of the options below.

Only report RBRs that exist during the Calendar Year associated to this Client Semi-Annual reporting period. To disclose a Reportable Business Relationship with either a State Person or an Entity in which the State Person has the ‘Requisite Involvement’, please complete the corresponding RBR form, and attach it to this Client Semi-Annual Report for submission.

SELECT ONE APPLICABLE STATEMENT:

- 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; the completed form will be attached to this CSA
- The RBR(s) previously submitted in this Calendar Year is current and correct (only applicable in a July/December CSA reporting period)
- The RBR(s) previously submitted in this Calendar Year still exists but requires Amendment or Termination; the completed form will be attached to this CSA

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.

You may choose as many subjects as necessary

- | | | |
|--|---|--|
| <input type="checkbox"/> Agribusiness – Food Processing & Sales | <input type="checkbox"/> Energy & Natural Resources– Alternative Energy Production & Services | <input type="checkbox"/> Media – Books, Magazines & Newspapers |
| <input type="checkbox"/> Agribusiness – General | <input type="checkbox"/> Ethics Laws and Regulations | <input type="checkbox"/> Media – First Amendment – Press |
| <input type="checkbox"/> Agribusiness – Tobacco | <input type="checkbox"/> Finance, Insurance & Financial Services – Commercial Banks & Credit Unions | <input type="checkbox"/> Media – General |
| <input type="checkbox"/> Agribusiness – Agricultural Services & Products | <input type="checkbox"/> Finance, Insurance & Financial Services – Finance & Credit Companies | <input type="checkbox"/> Media – Motion Picture/Television/ Recorded Music/Music Production & Distribution |
| <input type="checkbox"/> Budget/Appropriations | <input type="checkbox"/> Finance, Insurance & Financial Services – General | <input type="checkbox"/> Media – Printing & Publishing |
| <input type="checkbox"/> Cannabis/Marijuana | <input type="checkbox"/> Finance, Insurance & Financial Services – Mortgage Finance | <input type="checkbox"/> Miscellaneous Business – Advertising/ Public Relations |
| <input type="checkbox"/> Chemicals/Chemical Industry | <input type="checkbox"/> Finance, Insurance & Financial Services – Securities & Investment | <input type="checkbox"/> Miscellaneous Business – General |
| <input type="checkbox"/> Construction – Building Materials & Equipment | <input type="checkbox"/> Gaming – Casinos | <input type="checkbox"/> Public Utilities – Cable/Broadband |
| <input type="checkbox"/> Construction – Construction Services | <input type="checkbox"/> Gaming – General | <input type="checkbox"/> Public Utilities – Electric |
| <input type="checkbox"/> Construction – General | <input type="checkbox"/> Gaming – Horse Racing | <input type="checkbox"/> Public Utilities – Gas |
| <input type="checkbox"/> Consumer Issues/Safety/Protection | <input type="checkbox"/> Gaming – Lottery | <input type="checkbox"/> Public Utilities – General |
| <input type="checkbox"/> Corrections | <input type="checkbox"/> Gaming – Recreation & Live Entertainment | <input type="checkbox"/> Public Utilities – Telecommunications |
| <input type="checkbox"/> Criminal Justice – Criminal Law & Procedures (includes sentencing) | <input type="checkbox"/> Health – Cigarette/ Tobacco | <input type="checkbox"/> Public Utilities – Water |
| <input type="checkbox"/> Criminal Justice – General | <input type="checkbox"/> Health – General | <input type="checkbox"/> Real Estate – Affordable Housing |
| <input type="checkbox"/> Criminal Justice – Law Enforcement | <input type="checkbox"/> Health – Health Professions | <input type="checkbox"/> Real Estate – Construction |
| <input type="checkbox"/> Criminal Justice – Police Issues | <input type="checkbox"/> Health – Health Services / HMOs | <input type="checkbox"/> Real Estate – General |
| <input type="checkbox"/> Economic Development –General | <input type="checkbox"/> Health – Hospitals & Nursing Homes | <input type="checkbox"/> Tax – Development Credits |
| <input type="checkbox"/> Economic Development – Sports/ Entertainment | <input type="checkbox"/> Health – Medicine/ Medicaid | <input type="checkbox"/> Tax – Exempt Organizations |
| <input type="checkbox"/> Economic Development – Tax Incentives | <input type="checkbox"/> Health – Pharmaceuticals/ Health Products | <input type="checkbox"/> Tax – General |
| <input type="checkbox"/> Economic Development – Tourism | <input type="checkbox"/> Human Rights/Civil Rights | <input type="checkbox"/> Tax – Personal Income |
| <input type="checkbox"/> Education – Charter Schools | <input type="checkbox"/> Insurance – General | <input type="checkbox"/> Tax – Real Property |
| <input type="checkbox"/> Education – Evaluations | <input type="checkbox"/> Insurance – Health | <input type="checkbox"/> Tax – School |
| <input type="checkbox"/> Education – Funding | <input type="checkbox"/> Insurance – Life | <input type="checkbox"/> Tax – Corporate |
| <input type="checkbox"/> Education – General | <input type="checkbox"/> Insurance – Property & Casualty | <input type="checkbox"/> Transportation – Air Transport |
| <input type="checkbox"/> Education – Testing | <input type="checkbox"/> Insurance – Auto | <input type="checkbox"/> Transportation – Automotive Industry/ Manufacturers |
| <input type="checkbox"/> Energy & Natural Resources – Environmental Conservation/ Preservation | <input type="checkbox"/> Labor – Labor Issues/ Unions | <input type="checkbox"/> Transportation – General |
| <input type="checkbox"/> Energy & Natural Resources – General | <input type="checkbox"/> Labor – Pensions/ Retirement | <input type="checkbox"/> Transportation – Mass Transit |
| <input type="checkbox"/> Energy & Natural Resources – Oil/ Fuel/Gas | <input type="checkbox"/> Labor – Prevailing wage/ Minimum Wage | <input type="checkbox"/> Transportation – Safety |
| <input type="checkbox"/> Energy & Natural Resources – Parks & Recreational Activities | <input type="checkbox"/> Labor – General | <input type="checkbox"/> Transportation – Trucking |
| <input type="checkbox"/> Energy & Natural Resources – Waste Management | <input type="checkbox"/> Lobbying Laws and Regulations | <input type="checkbox"/> Transportation – Railroad/Canals |
| | | <input type="checkbox"/> Veterans Affairs |

REPORT ALL FOCUSES DISCLOSED BY ALL RETAINED PRINCIPAL LOBBYISTS

Select “Yes” below if you would like all Focuses reported by your Principal (Retained) Lobbyist(s) on their Bi-monthly Reports (and amendments) submitted during the same CSA reporting period to be automatically populated to your CSA when JCOPE data-enters the information into the Lobbying Application.

NOTE: The information that will be populated to your Client Semi-Annual is from reports submitted by your Retained Lobbyist(s) as of the date JCOPE data-enters your Filing. The information may not include all Lobbying Activities performed by your Lobbyist(s) since the last Bi-monthly report of the corresponding reporting period is due the same date as the Client Semi-Annual.

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.

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
- State Executive Order
- State Funding
- State Land Use
- State Permits/Licensing
- State Procurement
- State Regulation/Rate-making/Rule
- State Resolution
- 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
- Municipal Bill
- Municipal Executive Order
- Municipal Funding
- Municipal Land Use
- Municipal Ordinance
- Municipal Permits/Licensing
- Municipal Procurement
- Municipal Regulation/Rate-making/Rule
- Municipal Resolution

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 checked="" 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 <input type="checkbox"/> Direct Lobbying <input type="checkbox"/> Grassroots Lobbying <input type="checkbox"/> Both (Direct and Grassroots)	a. b. c. d.
4.		<input type="checkbox"/> Monitoring Only <input type="checkbox"/> Direct Lobbying <input type="checkbox"/> Grassroots Lobbying <input type="checkbox"/> Both (Direct and Grassroots)	a. b. c. d.
5.		<input type="checkbox"/> Monitoring Only <input type="checkbox"/> Direct Lobbying <input type="checkbox"/> Grassroots Lobbying <input type="checkbox"/> Both (Direct and Grassroots)	a. b. c. d.
6.		<input type="checkbox"/> Monitoring Only <input type="checkbox"/> Direct Lobbying <input type="checkbox"/> Grassroots Lobbying <input type="checkbox"/> Both (Direct and Grassroots)	a. b. c. d.
7.		<input type="checkbox"/> Monitoring Only <input type="checkbox"/> Direct Lobbying <input type="checkbox"/> Grassroots Lobbying <input type="checkbox"/> Both (Direct and Grassroots)	a. b. c. d.

SECTION IX - ATTESTATION AND PAYMENT INFORMATION

This Attestation 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 Attestation.) (See instructions.)

ATTESTATION

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

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