



2021-2022 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.

PRINCIPAL LOBBYIST NAME			
Name			
Also Known As			
LOBBYIST 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).

CONTRACTUAL 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

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).

A. BENEFICIAL 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.

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

Last name

First name

Middle name (optional)

Title

Business phone

Email

B. BENEFICIAL 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.

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

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 Monies 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 or the person lobbies on behalf of themself. 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 to perform Public Monies Lobbying Activities 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. If you have not previously disclosed a relationship with this Co-Lobbyist, 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 engaged to perform services for the 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. If you have NOT previously disclosed a relationship with this Sub-Lobbyist, you must provide the 'Responsible Party Name and Contact Information'.

A. SUB-LOBBYIST TYPE AND INFORMATION (IF APPLICABLE)			
Select one: <input type="checkbox"/> Organization <input type="checkbox"/> Public Corporation <input type="checkbox"/> Coalition			
Name			
Street		Street 2 (optional)	
City	State	Zip code	Country
Business phone		Ext.	
Email address			
RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR SUB-LOBBYIST			
Last name		First name	
Middle name (optional)		Title	
Business phone		Email	

B. SUB-LOBBYIST TYPE AND INFORMATION (IF APPLICABLE)			
Select one: <input type="checkbox"/> Organization <input type="checkbox"/> Public Corporation <input type="checkbox"/> Coalition			
Name			
Street		Street 2 (optional)	
City	State	Zip code	Country
Business phone		Ext.	
Email address			
RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR SUB-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 COMPENSATION AND REIMBURSED EXPENSES FOR THIS PERIOD

Compensation to report?

Yes No

Compensation
(Current period only)

\$

Reimbursed Expenses to report?

Yes No

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 IX - Lobbying Activities)

SECTION VIII- COMPENSATION AND EXPENSES (CONTINUED)

DPM EXPENSE PAID TO AN INDIVIDUAL OR ORGANIZATION

Expense paid to

Expense Date (MM/DD/YYYY)

Expense amount

\$

Expense Reimbursed by the Client

YES NO

Expense purpose (*check ONE only*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising – Billboards | <input type="checkbox"/> Advocacy – Expenses related to hiring an outside firm to handle administrative tasks | <input type="checkbox"/> Social Event – Equipment and A/V Rentals |
| <input type="checkbox"/> Advertising – Consulting | <input type="checkbox"/> Advocacy – Legislative Bill Tracking | <input type="checkbox"/> Social Event – Event Sponsorship |
| <input type="checkbox"/> Advertising – Design Services for Media buy | <input type="checkbox"/> Advocacy – Legislative Research | <input type="checkbox"/> Social Event – Lodging |
| <input type="checkbox"/> Advertising – Flyers/Posters | <input type="checkbox"/> Advocacy – Mass Mailings/Bulk Mailing | <input type="checkbox"/> Social Event – Parking fees |
| <input type="checkbox"/> Advertising – Media Relations and Strategy | <input type="checkbox"/> Advocacy – Phone Advocacy | <input type="checkbox"/> Social Event – Print fees over \$500 |
| <input type="checkbox"/> Advertising – Multi-Platform Media Buy (Print, Online, TV, Web) | <input type="checkbox"/> Advocacy – Postage and/or Printing over \$500 | <input type="checkbox"/> Social Event – Promotional Materials |
| <input type="checkbox"/> Advertising – Newspaper inserts | <input type="checkbox"/> Advocacy – Technology (cellphones, iPad, hotspots) | <input type="checkbox"/> Social Event – Rallies |
| <input type="checkbox"/> Advertising – Print Media/ Publishing fees over \$500 | <input type="checkbox"/> Social Event – Booth rentals/ Meeting space fees | <input type="checkbox"/> Social Event – Reception/Banquet |
| <input type="checkbox"/> Advertising – Social Media Platforms (Facebook, Twitter, Instagram, etc.) | <input type="checkbox"/> Social Event – Buses/transportation for Lobby Day | <input type="checkbox"/> Social Event – Rental Fees |
| <input type="checkbox"/> Advertising – Television | <input type="checkbox"/> Social Event – Catering/Meals for Lobby Day | <input type="checkbox"/> Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel) |
| <input type="checkbox"/> Advocacy – Civic Engagement/ Community Organizing | <input type="checkbox"/> Social Event – Civic Engagement/ Community Organizing | <input type="checkbox"/> Social Event – Volunteer Training |
| <input type="checkbox"/> Advocacy – Email marketing/Email blasts | <input type="checkbox"/> Social Event – Consulting | <input type="checkbox"/> Social Media – Media Relations and Strategy |
| | | <input type="checkbox"/> Social Media – Online Advocacy (sponsored posts) |

SECTION VIII- COMPENSATION AND EXPENSES (CONTINUED)

DPM EXPENSE PAID TO AN INDIVIDUAL OR ORGANIZATION

Expense paid to

Expense Date (MM/DD/YYYY)

Expense amount

\$

Expense Reimbursed by the Client

YES NO

Expense purpose (*check ONE only*)

- | | | |
|--|---|---|
| <input type="checkbox"/> Advertising – Billboards | <input type="checkbox"/> Advocacy – Expenses related to hiring an outside firm to handle administrative tasks | <input type="checkbox"/> Social Event – Equipment and A/V Rentals |
| <input type="checkbox"/> Advertising – Consulting | <input type="checkbox"/> Advocacy – Legislative Bill Tracking | <input type="checkbox"/> Social Event – Event Sponsorship |
| <input type="checkbox"/> Advertising – Design Services for Media buy | <input type="checkbox"/> Advocacy – Legislative Research | <input type="checkbox"/> Social Event – Lodging |
| <input type="checkbox"/> Advertising – Flyers/Posters | <input type="checkbox"/> Advocacy – Mass Mailings/Bulk Mailing | <input type="checkbox"/> Social Event – Parking fees |
| <input type="checkbox"/> Advertising – Media Relations and Strategy | <input type="checkbox"/> Advocacy – Phone Advocacy | <input type="checkbox"/> Social Event – Print fees over \$500 |
| <input type="checkbox"/> Advertising – Multi-Platform Media Buy (Print, Online, TV, Web) | <input type="checkbox"/> Advocacy – Postage and/or Printing over \$500 | <input type="checkbox"/> Social Event – Promotional Materials |
| <input type="checkbox"/> Advertising – Newspaper inserts | <input type="checkbox"/> Advocacy – Technology (cellphones, iPad, hotspots) | <input type="checkbox"/> Social Event – Rallies |
| <input type="checkbox"/> Advertising – Print Media/ Publishing fees over \$500 | <input type="checkbox"/> Social Event – Booth rentals/ Meeting space fees | <input type="checkbox"/> Social Event – Reception/Banquet |
| <input type="checkbox"/> Advertising – Social Media Platforms (Facebook, Twitter, Instagram, etc.) | <input type="checkbox"/> Social Event – Buses/transportation for Lobby Day | <input type="checkbox"/> Social Event – Rental Fees |
| <input type="checkbox"/> Advertising – Television | <input type="checkbox"/> Social Event – Catering/Meals for Lobby Day | <input type="checkbox"/> Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel) |
| <input type="checkbox"/> Advocacy – Civic Engagement/ Community Organizing | <input type="checkbox"/> Social Event – Civic Engagement/ Community Organizing | <input type="checkbox"/> Social Event – Volunteer Training |
| <input type="checkbox"/> Advocacy – Email marketing/Email blasts | <input type="checkbox"/> Social Event – Consulting | <input type="checkbox"/> Social Media – Media Relations and Strategy |
| | | <input type="checkbox"/> Social Media – Online Advocacy (sponsored posts) |

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'*. See detailed instructions below.

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

HOW TO DISCLOSE FOCUS AND PARTIES INFORMATION

1. Indicate the *'Focus Type'* (see categories below) of the Identifying Number lobbied.
2. For every Focus, indicate the *'Focus Identifying Number'* (or a description if there is no number).
3. Indicate the *'Type of Lobbying Communication'* for the specified Focus: *Direct Lobbying, Grassroots Lobbying, Both (Direct and Grassroots Lobbying)* or *'Monitoring Only'*.
 - If *'Monitoring Only'* is selected, you are not required to disclose Parties Lobbied for that Focus Type.
4. For every Party reported, identify both the *'Government Body'* (see categories below) AND *'Party Name'*. To report additional information related to the 'Party' indicate the:
 - *'Unit', 'Division', OR 'Department'* within the agency; **OR**
 - *'Title' OR 'Name of the Person Lobbied'*

Please refer to the comprehensive list of Parties Lobbied on the JCOPE website.

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 Poosapatuck 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

SELECT A 'GOVERNMENT BODY' FROM THE FOLLOWING CATEGORIES:

- A communication sent to entire Senate
- A communication sent to entire Assembly
- A communication sent to entire Legislature
- A Communication sent to all NYC Council Members
- A Communication sent to all [Specify County] Legislators
- Senate Committee
- Assembly Committee
- NYS Assembly
- NYS Senate
- Executive Chamber
- State Agency
- NYS School Districts
- NYC Council Members and County Legislators
- State and Local Public Authorities and Local Development Corporations
- Industrial Development Agency
- Village
- Town
- City
- County
- Improvement/Special Districts
 - County Special District
 - Town Special District
 - Consolidated Health District
 - Fire District
 - Independent Special District

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'*. See detailed instructions on prior page.

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)

DESCRIPTION OF THE GRANT, LOAN, OR AGREEMENT INVOLVING THE DISBURSEMENT OF PUBLIC MONIES

PARTIES LOBBIED INFORMATION

A. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

B. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

C. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

D. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

E. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

F. Government Body: _____ Party: _____

a. The Unit, Division, or Department within the agency: **OR** _____

b. First Name/Last Name or Title of the Person Lobbied: _____

LEVEL OF GOVERNMENT LOBBIED

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

DESCRIPTION OF THE GRANT, LOAN, OR AGREEMENT INVOLVING THE DISBURSEMENT OF PUBLIC MONIES

PARTIES LOBBIED INFORMATION

A. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

B. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

C. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

D. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

E. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

F. Government Body: Party:

a. The Unit, Division, or Department within the agency: **OR**

b. First Name/Last Name or Title of the Person Lobbied:

SECTION X - ATTESTATION

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 by providing a designation letter. A sample Designation Letter is available on the JCOPE website.)

ATTESTATION

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

If I am the Chief Administrative Officer (“CAO”) of an organization that is a lobbyist or client, I further acknowledge that I am legally responsible for the veracity, accuracy and timeliness of all filings submitted on behalf of the organization to the Joint Commission on Public Ethics (“JCOPE”).

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 report is late.