

# Sample NY Lobbying Forms

(April 2023)

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## STATEMENT OF REGISTRATION

### BIENNIAL REGISTRATION PERIOD

Biennial Period

Check if amendment ☐

Amendment effective date of change

### FOR OFFICE USE ONLY

## SECTION I – PRINCIPAL LOBBYIST INFORMATION

Select **'Organization'** if filing for a person or company, firm, entity, or other Organization who utilizes Employed, Retained, or Designated Lobbyists to lobby on behalf of a Client or itself (in the case of a Lobbyist lobbying on its own behalf), or incurs Lobbying Expenses on behalf of a Client or itself.

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.

Select **'Coalition'** if filing for a group of otherwise-unaffiliated entities or members that pool funds or resources for the primary purpose of engaging in Lobbying Activities on behalf of the members of the Coalition and have not incorporated or otherwise created a legal entity.

### LOBBYIST TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### PRINCIPAL LOBBYIST NAME AND INFORMATION

Name

Also Known As

NYBE # (If known)

### BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Country

Zip code

Business phone

Ext.

Additional phone

Ext.

Email address

Alt Email

Alternate Business Address ☐ check if primary mailing address

Street

Street 2 (optional)

City

State

Country

Zip code

## SECTION I – PRINCIPAL LOBBYIST INFORMATION (CONTINUED)

### RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR PRINCIPAL LOBBYIST

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

## SECTION II – CONTRACTUAL CLIENT INFORMATION

*Information regarding the individual or organization that retained the services of the Principal Lobbyist for the benefit of itself or another.*

☐ Check if Principal Lobbyist and the Contractual Client are the SAME. If checked, skip to Section III- Beneficial Client Information.

### CONTRACTUAL CLIENT TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### CONTRACTUAL CLIENT NAME AND INFORMATION

*Complete this section only if the Contractual Client is different than the Principal Lobbyist.*

Name

### BUSINESS ADDRESS AND CONTACT INFORMATION

Business Address

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

### RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CONTRACTUAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

## SECTION III – BENEFICIAL CLIENT INFORMATION

Information regarding the specific individual or organization on whose behalf and at whose request Lobbying is conducted by the Lobbyist.

☐ Check if Contractual Client and Beneficial Client are the SAME. If checked, skip to Section VI - Agreement Information

### BENEFICIAL CLIENT 'A' TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### 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

Business Address

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

### RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

## SECTION III – BENEFICIAL CLIENT INFORMATION (CONTINUED)

*Information regarding the specific individual or organization on whose behalf and at whose request Lobbying is conducted by the Lobbyist.*

### BENEFICIAL CLIENT 'B' TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### 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

Business Address

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

### RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

## SECTION III – BENEFICIAL CLIENT INFORMATION (CONTINUED)

*Information regarding the specific individual or organization on whose behalf and at whose request Lobbying is conducted by the Lobbyist.*

### BENEFICIAL CLIENT 'C' TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### 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

Business Address

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

### RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR BENEFICIAL CLIENT

Last name

First name

Middle name (optional)

Title

Business phone

Email

## SECTION IV – CO-LOBBYIST INFORMATION (IF APPLICABLE)

*All Lobbyists who are retained by a Client on the same single retainer agreement or contract must be identified. This section should only be completed if a Co-Lobbyist relationship exists.*

### A. CO-LOBBYIST TYPE

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### CO-LOBBYIST(S) INFORMATION *(optional)*

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

Select one: ☐ ORGANIZATION ☐ PUBLIC CORPORATION ☐ COALITION

### ADDITIONAL CO-LOBBYIST(S) INFORMATION *(optional)*

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 V – SUB-LOBBYIST INFORMATION (IF APPLICABLE)

All Lobbyists who are engaged to perform services by a Principal Lobbyist as part of an agreement between the Principal Lobbyist and the Contractual Client must be identified.

A. SUB-LOBBYIST TYPE

Select one:

☐ ORGANIZATION

☐ PUBLIC CORPORATION

☐ COALITION

SUB-LOBBYIST(S) INFORMATION (optional)

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

Select one:

☐ ORGANIZATION

☐ PUBLIC CORPORATION

☐ COALITION

ADDITIONAL SUB-LOBBYIST(S) INFORMATION (optional)

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 VI – AGREEMENT INFORMATION

### TYPE OF LOBBYING RELATIONSHIP BETWEEN LOBBYIST AND CLIENT

Select one: ☐ EMPLOYED ☐ RETAINED ☐ PUBLIC CORPORATION

### LEVEL OF GOVERNMENT EXPECTED TO BE LOBBIED

Select one: ☐ STATE LOBBYING ☐ MUNICIPAL LOBBYING ☐ STATE/MUNICIPAL (BOTH)

### DESCRIPTION OF AGREEMENT (SELECT ONE)

- ☐ Anticipate the \$5,000 threshold will be exceeded
- ☐ Do not anticipate exceeding the \$5,000 threshold
- ☐ Pro Bono Lobbying Contract/Authorization

### REPORTABLE COMPENSATION/EXPENSE INFORMATION (SELECT ONE)

- ☐ Reportable Expenses Only
- ☐ Reportable Compensation (and Expenses)

### CONTRACT DURATION/COMPENSATION INFORMATION

Start date

Termination (end) date

Pay frequency (select one)

☐ Hourly ☐ Daily ☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Quarterly ☐ Annually ☐ One time ☐ Range

Compensation amount \$

### PAYMENT INFORMATION

*Please make all checks payable to the Commission on Ethics and Lobbying in Government (NYS), and include the biennial period, and Lobbyist name/Contractual Client name in the memo section.*

Select one: ☐ \$200 (Threshold exceeded first half of biennial) ☐ \$100 (Threshold exceeded second half of biennial)

Registration filing fee check number:

## SECTION VII – INDIVIDUAL LOBBYIST INFORMATION

*An Individual Lobbyist is any person who engages in Direct or Grassroots Lobbying on behalf of the Principal Lobbyist for the benefit of the Client. All Individual Lobbyist(s) must be listed, on the Statement of Registration; provided, however, if a Lobbying Organization incurs no Compensation for Individual Lobbyists and only Expenses, then no Individual Lobbyists are required to be listed. Select the ‘Designated Lobbyist’ check box if this information relates to a Lobbying Organization for which the person lobbies as a board member, director or officer.*

### INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*

Check if Designated Lobbyist ☐

### INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*

Check if Designated Lobbyist ☐

### INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*

Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*

Check if Designated Lobbyist ☐

## INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*Check if Designated Lobbyist ☐

## INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*Check if Designated Lobbyist ☐

## INDIVIDUAL LOBBYISTS

Last name

First name

Middle name *(optional)*Suffix *(optional)*

Business phone

Ext.

Email address

Lobbyist effective date

*(Enter effective date if the Individual Lobbyist has not been included in a prior Registration for the current biennial. )*Check if Designated Lobbyist ☐

## SECTION VIII – 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 Lobbyist Statement of Registration.** 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 Statement of Registration 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 Registration
- ☐ The RBR(s) previously submitted in this Calendar Year is current and correct
- ☐ The RBR(s) previously submitted in this Calendar Year still exists but requires Amendment or Termination; the completed form will be attached to this Registration.

## SECTION IX – LOBBYING SUBJECT(S)

Filers should report any Lobbying Subject(s) they anticipate lobbying on during the biennial period. Enter one subject per row.

*You may choose as many subjects as necessary*

- |  |   |
|--|---|
| <input type="checkbox"/> Agribusiness – Food Processing & Sales                                | <input type="checkbox"/> Economic Development –General  |
| <input type="checkbox"/> Agribusiness – General  | <input type="checkbox"/> Economic Development – Sports/Entertainment                              |
| <input type="checkbox"/> Agribusiness – Tobacco  | <input type="checkbox"/> Economic Development – Tax Incentives                                    |
| <input type="checkbox"/> Agribusiness – Agricultural Services & Products                       | <input type="checkbox"/> Economic Development – Tourism   |
| <input type="checkbox"/> Budget/Appropriations   | <input type="checkbox"/> Education – Charter Schools  |
| <input type="checkbox"/> Cannabis/Marijuana  | <input type="checkbox"/> Education – Evaluations  |
| <input type="checkbox"/> Chemicals/Chemical Industry   | <input type="checkbox"/> Education – Funding  |
| <input type="checkbox"/> Construction – Building Materials & Equipment                         | <input type="checkbox"/> Education – General  |
| <input type="checkbox"/> Construction – Construction Services                                  | <input type="checkbox"/> Education – Testing  |
| <input type="checkbox"/> Construction – General  | <input type="checkbox"/> Energy & Natural Resources – Environmental Conservation/<br>Preservation |
| <input type="checkbox"/> Consumer Issues/Safety/Protection                                     | <input type="checkbox"/> Energy & Natural Resources – General                                     |
| <input type="checkbox"/> Corrections   | <input type="checkbox"/> Energy & Natural Resources – Oil/Fuel/Gas                                |
| <input type="checkbox"/> Criminal Justice – Criminal Law & Procedures (includes<br>sentencing) | <input type="checkbox"/> Energy & Natural Resources – Parks & Recreational Activities             |
| <input type="checkbox"/> Criminal Justice – General  | <input type="checkbox"/> Energy & Natural Resources – Waste Management                            |
| <input type="checkbox"/> Criminal Justice – Law Enforcement                                    | <input type="checkbox"/> Energy & Natural Resources – Alternative Energy Production<br>& Services |
| <input type="checkbox"/> Criminal Justice – Police Issues                                      |   |

## SECTION IX – LOBBYING SUBJECT(S) (CONTINUED)

- |   |   |
|---|---|
| <input type="checkbox"/> Ethics Laws and Regulations  | <input type="checkbox"/> Media – Books, Magazines & Newspapers  |
| <input type="checkbox"/> Finance, Insurance & Financial Services – Commercial Banks & Credit Unions | <input type="checkbox"/> Media – First Amendment – Press  |
| <input type="checkbox"/> Finance, Insurance & Financial Services – Finance & Credit Companies       | <input type="checkbox"/> Media – General  |
| <input type="checkbox"/> Finance, Insurance & Financial Services – General                          | <input type="checkbox"/> Media – Motion Picture/Television/Recorded Music/Music Production & Distribution |
| <input type="checkbox"/> Finance, Insurance & Financial Services – Mortgage Finance                 | <input type="checkbox"/> Media – Printing & Publishing  |
| <input type="checkbox"/> Finance, Insurance & Financial Services – Securities & Investment          | <input type="checkbox"/> Miscellaneous Business – Advertising/ Public Relations                           |
| <input type="checkbox"/> Gaming – Casinos   | <input type="checkbox"/> Miscellaneous Business – General   |
| <input type="checkbox"/> Gaming – General   | <input type="checkbox"/> Public Utilities – Cable/Broadband   |
| <input type="checkbox"/> Gaming – Horse Racing  | <input type="checkbox"/> Public Utilities – Electric  |
| <input type="checkbox"/> Gaming – Lottery   | <input type="checkbox"/> Public Utilities – Gas   |
| <input type="checkbox"/> Gaming – Recreation & Live Entertainment                                   | <input type="checkbox"/> Public Utilities – General   |
| <input type="checkbox"/> Health – Cigarette/ Tobacco  | <input type="checkbox"/> Public Utilities – Telecommunications  |
| <input type="checkbox"/> Health – General   | <input type="checkbox"/> Public Utilities – Water   |
| <input type="checkbox"/> Health – Health Professions  | <input type="checkbox"/> Real Estate – Affordable Housing   |
| <input type="checkbox"/> Health – Health Services / HMOs  | <input type="checkbox"/> Real Estate – Construction   |
| <input type="checkbox"/> Health – Hospitals & Nursing Homes   | <input type="checkbox"/> Real Estate – General  |
| <input type="checkbox"/> Health – Medicine/ Medicaid  | <input type="checkbox"/> Tax – Development Credits  |
| <input type="checkbox"/> Health – Pharmaceuticals/ Health Products                                  | <input type="checkbox"/> Tax – Exempt Organizations   |
| <input type="checkbox"/> Human Rights/Civil Rights  | <input type="checkbox"/> Tax – General  |
| <input type="checkbox"/> Insurance – General  | <input type="checkbox"/> Tax – Personal Income  |
| <input type="checkbox"/> Insurance – Health   | <input type="checkbox"/> Tax – Real Property  |
| <input type="checkbox"/> Insurance – Life   | <input type="checkbox"/> Tax – School   |
| <input type="checkbox"/> Insurance – Property & Casualty  | <input type="checkbox"/> Tax – Corporate  |
| <input type="checkbox"/> Insurance – Auto   | <input type="checkbox"/> Transportation – Air Transport   |
| <input type="checkbox"/> Labor – Labor Issues/ Unions   | <input type="checkbox"/> Transportation – Automotive Industry/ Manufacturers                              |
| <input type="checkbox"/> Labor – Pensions/ Retirement   | <input type="checkbox"/> Transportation – General   |
| <input type="checkbox"/> Labor – Prevailing wage/ Minimum Wage                                      | <input type="checkbox"/> Transportation – Mass Transit  |
| <input type="checkbox"/> Labor – General  | <input type="checkbox"/> Transportation – Safety  |
| <input type="checkbox"/> Lobbying Laws and Regulations  | <input type="checkbox"/> Transportation – Trucking  |
|   | <input type="checkbox"/> Transportation – Railroad/Canals   |
|   | <input type="checkbox"/> Veterans Affairs   |

## SECTION X – LOBBYING ACTIVITIES

*Filer should report any Lobbying Activities they anticipate lobbying on during the biennial period. Please be as specific as you can at this time. More specific reporting will be required in subsequent Lobbyist Bi-Monthly reports.*

### TYPE(S) OF LOBBYING COMMUNICATION(S) YOU ARE OR ANTICIPATE ENGAGING IN

Select one: ☐ DIRECT LOBBYING ☐ GRASSROOTS LOBBYING ☐ BOTH

### FOCUS TYPE INSTRUCTIONS

*Only enter information on one 'Focus Type' per row.*

1. Indicate the '**Focus Type**' (see categories below) of the Identifying Number lobbied. If unknown, enter '**Unknown at this Time**' in the Focus Type column.
2. Indicate the '**Focus (Identifying Number) lobbied**' (or a description if there is no number).
3. Select the '**Monitoring Only**' check box if Focus Type was only monitored. 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	Monitoring Only
State Bill	A123 (Example)	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

ADD PARTIES LOBBIED OR EXPECTED TO BE LOBBIED

If you have 'Parties Lobbied or Expected to be Lobbied' to disclose, please select from the bulleted list below and identify a party type in the 'Government Body' column. In the 'Party Name' column, please enter the name of the Party, if known. For State Lobbying, if party type (Government Body) is unknown, you can generally indicate 'Senate/Assembly/Executive Chamber'. Only enter one 'Party Type' for each row in the table below.

- Not Known at this Time
  - Senate/Assembly/Executive
  - Senate Committee
  - Assembly Committee
  - State Agency
  - NYS Assembly
  - NYS Senate
  - Executive Chamber
  - NYS School Districts
  - 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

Government Body	Party Name
State Agency	Commission on Ethics and Lobbying (Example)



## SECTION XI – 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 Commission website.)*

### DECLARATION

*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 Commission on Ethics and Lobbying in Government.*

Signature X

Date

Last

First

Select One: ☐ Principal Lobbyist ☐ Chief Administrative Officer ☐ Designee (Attach Letter)

The following **MUST** be attached to this registration at the time of submission:

- REGISTRATION FEE: SEE INSTRUCTIONS TO CALCULATE AMOUNT OF FEE. (Please enter check number in Section VI)
- Filers must attach to this form an executed Lobbying Agreement form (as provided by the Commission), or a copy of a signed, written Lobbying agreement or written authorization.

**NOTE:** When a Lobbying contract or agreement exists, a Lobbyist may either submit such contract/agreement with a Statement of Registration or use the Lobbying Agreement form provided by the Commission; in such a case, however, a Lobbyist may not submit a written authorization in lieu of the contract/agreement. Written authorizations should only be submitted if a lobbying contract/agreement does not exist.

- If applicable, a designation letter if you have marked designee in Section XI.

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



## LOBBYIST BI-MONTHLY REPORT

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

FOR OFFICE USE ONLY

**NOTE:** Before submitting a Bi-Monthly Report, please note that a corresponding Statement of Registration must be on file for the Lobbyist, Contractual Client and Beneficial Client relationship.

### 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	Zip	Country
Business Phone	Ext.	Additional Phone	
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 the services of the Principal Lobbyist for the benefit of itself or another).

☐ 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
Country	Business Phone	Ext.
Email Address		

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 services are being conducted by the Principal Lobbyist).

☐ 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
Country	Business Phone	Ext.
Email Address		

**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

Country

Business Phone

Ext.

Email Address

**SECTION IV — INDIVIDUAL LOBBYIST INFORMATION**

*An Individual Lobbyist is any person who engages in Direct or Grassroots Lobbying on behalf of the Principal Lobbyist for the benefit of the Client. All Individual Lobbyist(s) who engaged in Lobbying Activities during the Bi-Monthly Reporting period must be listed; provided, however, if a Lobbying Organization incurs no Compensation for Individual Lobbyists and only Expenses, then no Individual Lobbyists are required to be listed. Select the 'Designated Lobbyist' check box if the person lobbies as a board member, director or officer for the Lobbying Organization or the person lobbies on behalf of themselves.*

**INDIVIDUAL LOBBYIST INFORMATION**

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.*

Designated Lobbyist?

☐ Yes

☐ No

## INDIVIDUAL LOBBYIST INFORMATION

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.
Designated Lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## INDIVIDUAL LOBBYIST INFORMATION

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.
Designated Lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		

## INDIVIDUAL LOBBYIST INFORMATION

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.
Designated Lobbyist? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SECTION V — CO-LOBBYIST INFORMATION (IF APPLICABLE)

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

A. CO-LOBBYIST INFORMATION (If applicable)

Name		
Street	Street 2 (optional)	
City	State	Zip
Country	Business Phone	Ext.
Email Address		

B. ADDITIONAL CO-LOBBYIST INFORMATION (If applicable)

Name		
Street	Street 2 (optional)	
City	State	Zip
Country	Business Phone	Ext.
Email Address		

SECTION VI — SUB-LOBBYIST INFORMATION (IF APPLICABLE)

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

A. SUB-LOBBYIST INFORMATION (If applicable)

Name		
Street	Street 2 (optional)	
City	State	Zip
Country	Business Phone	Ext.
Email Address		

**B. ADDITIONAL SUB-LOBBYIST INFORMATION** *(If applicable)*

Name

Street

Street 2 (optional)

City

State

Zip

Country

Business Phone

Ext.

Email Address

**SECTION VII — COMPENSATION AND EXPENSES***Compensation and Expenses 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 (attributed to Lobbying) 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 received from the Client for the specified Bi-Monthly 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.**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 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 VII (a) — INDIVIDUAL OR ORGANIZATION 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 VII(a)** to report Itemized Expenses over \$75 **paid to an Individual or Organization**. 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 VII(b)** to report Itemized Expenses over \$75 **paid to an Organization that requires Expense Detail information** (See instructions).

### REPORT IN THE AGGREGATE ALL ITEMIZED EXPENSES EXCEEDING \$75

☐ I have no itemized expenses to report for this period (Skip to section VIII - Coalition Member Contributions)

### ITEMIZED EXPENSE EXCEEDING \$75 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)

☐ Advertising – Billboards

☐ Advertising – Consulting

☐ Advertising – Design Services for Media buy

☐ Advertising – Flyers/Posters

☐ Advertising – Media Relations and Strategy

☐ Advertising – Multi-Platform Media Buy (Print, Online, TV, Web)

☐ Advertising – Newspaper inserts

☐ Advertising – Print Media/Publishing fees over \$500

☐ Advertising – Social Media Platforms (Facebook, Twitter, Instagram, etc.)

☐ Advertising – Television

☐ Advocacy – Civic Engagement/Community Organizing

☐ Advocacy – Email marketing/Email blasts

☐ Advocacy – Expenses related to hiring an outside firm to handle administrative tasks

☐ Advocacy – Legislative Bill Tracking

☐ Advocacy – Legislative Research

☐ Advocacy – Mass Mailings/Bulk Mailing

☐ Advocacy – Phone Advocacy

☐ Advocacy – Postage and/or Printing over \$500

☐ Advocacy – Technology (cellphones, iPad, hotspots)

☐ Social Event – Booth rentals/Meeting space fees

☐ Social Event – Buses/transportation for Lobby Day

☐ Social Event – Catering/Meals for Lobby Day

☐ Social Event – Civic Engagement/Community Organizing

☐ Social Event – Consulting

☐ Social Event – Equipment and A/V Rentals

☐ Social Event – Event Sponsorship

☐ Social Event – Lodging

☐ Social Event – Parking fees

☐ Social Event – Print fees over \$500

☐ Social Event – Promotional Materials

☐ Social Event – Rallies

☐ Social Event – Reception/Banquet

☐ Social Event – Rental Fees

☐ Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel)

☐ Social Event – Volunteer Training

☐ Social Media – Media Relations and Strategy

☐ Social Media – Online Advocacy (sponsored posts)



## ITEMIZED EXPENSE EXCEEDING \$75 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)                 |

## ITEMIZED EXPENSE EXCEEDING \$75 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 Media – Media Relations and Strategy                      |
| <input type="checkbox"/> Advocacy – Email marketing/Email blasts                                   | <input type="checkbox"/> Social Event – Consulting  | <input type="checkbox"/> Social Media – Online Advocacy (sponsored posts)                 |

## SECTION VII (b) — EXPENSE DETAILS FOR ORGANIZATION ITEMIZED EXPENSES EXCEEDING \$75 (IF APPLICABLE)

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 by your Client).

If applicable, Itemized Expenses paid to an Organization on behalf of an Individual (or Individuals) must include the Expense Detail(s). Please see the Bi-Monthly Filing 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).

## ORGANIZATION ITEMIZED EXPENSE EXCEEDING \$75 WITH EXPENSE DETAIL INFORMATION

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 – Consulting  |
| <input type="checkbox"/> Advertising – Consulting  | <input type="checkbox"/> Advocacy – Legislative Bill Tracking   | <input type="checkbox"/> Social Event – Equipment and A/V Rentals                         |
| <input type="checkbox"/> Advertising – Design Services for Media buy                               | <input type="checkbox"/> Advocacy – Legislative Research  | <input type="checkbox"/> Social Event – Event Sponsorship                                 |
| <input type="checkbox"/> Advertising – Flyers/Posters  | <input type="checkbox"/> Advocacy – Mass Mailings/Bulk Mailing  | <input type="checkbox"/> Social Event – Lodging   |
| <input type="checkbox"/> Advertising – Media Relations and Strategy                                | <input type="checkbox"/> Advocacy – Phone Advocacy  | <input type="checkbox"/> Social Event – Parking fees                                      |
| <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 – Print fees over \$500                             |
| <input type="checkbox"/> Advertising – Newspaper inserts   | <input type="checkbox"/> Advocacy – Technology (cellphones, iPad, hotspots)                                   | <input type="checkbox"/> Social Event – Promotional Materials                             |
| <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 – Rallies   |
| <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 – Reception/Banquet                                 |
| <input type="checkbox"/> Advertising – Television  | <input type="checkbox"/> Social Event – Catering/Meals for Lobby Day  | <input type="checkbox"/> Social Event – Rental Fees                                       |
| <input type="checkbox"/> Advocacy – Civic Engagement/Community Organizing                          | <input type="checkbox"/> Social Event – Civic Engagement/Community Organizing                                 | <input type="checkbox"/> Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel) |
| <input type="checkbox"/> Advocacy – Email marketing/Email blasts                                   |   | <input type="checkbox"/> Social Event – Volunteer Training                                |
|  |   | <input type="checkbox"/> Social Media – Media Relations and Strategy                      |
|  |   | <input type="checkbox"/> Social Media – Online Advocacy (sponsored posts)                 |

## 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 VIII — UNSTRUCTURED COALITION MEMBER CONTRIBUTIONS, IF APPLICABLE

If applicable, report the Coalition name, contribution amount and any incurred expenses given to the Coalition during the Bi-Monthly reporting period. Disclosure of such information is NOT required if the Coalition meets the definition of and files as a Structured Coalition. When calculating the Total Contribution Amount:

- if 'Yes' was indicated for bullets 2 and 4, the Total Contribution Amount = Contribution Amount + Members portion of the Incurred Expense.
- If 'No' was indicated for bullet 2, the Total Contribution Amount = Contribution Amount + Total amount of the Expense incurred.

### COALITION MEMBER CONTRIBUTION AMOUNTS (CURRENT PERIOD ONLY)

Coalition name

1. Contribution Amount

\$

(Includes time, resources and direct monetary contributions; does NOT include Incurred Expenses)

2. Was an Expense incurred on behalf of the Coalition?

☐ YES

☐ NO

3. Total Amount of the Expense incurred on behalf of the Coalition

\$

4. Was the Expense paid for using Pooled Funds?

☐ YES

☐ NO

5. If pooled funds were used, Member's portion of the Incurred Expense

\$

6. Total Contribution Amount

\$

(Includes Members's contribution and Member's portion of incurred expenses)

7. Expense Purpose (Select one only)

☐ Advertising – Billboards

hiring an outside firm to handle administrative tasks

☐ Social Event – Consulting

☐ Advertising – Consulting

☐ Advocacy – Legislative Bill Tracking

☐ Social Event – Equipment and A/V Rentals

☐ Advertising – Design Services for Media buy

☐ Advocacy – Legislative Research

☐ Social Event – Event Sponsorship

☐ Advertising – Flyers/Posters

☐ Advocacy – Mass Mailings/Bulk Mailing

☐ Social Event – Lodging

☐ Advertising – Media Relations and Strategy

☐ Advocacy – Phone Advocacy

☐ Social Event – Parking fees

☐ Advertising – Multi-Platform Media Buy (Print, Online, TV, Web)

☐ Advocacy – Postage and/or printing over \$500

☐ Social Event – Print fees over \$500

☐ Advertising – Newspaper inserts

☐ Advocacy – Technology (cellphones, iPad, hotspots)

☐ Social Event – Promotional Materials

☐ Advertising – Print Media/Publishing fees over \$500

☐ Compensation Paid to Retained Lobbyist on behalf of an Unstructured Coalition

☐ Social Event – Rallies

☐ Advertising – Social Media Platforms (Facebook, Twitter, Instagram, etc.)

☐ Social Event – Booth rentals/Meeting space fees

☐ Social Event – Reception/Banquet

☐ Advertising – Television

☐ Social Event – Buses/transportation for Lobby Day

☐ Social Event – Rental Fees

☐ Advocacy – Civic Engagement/Community Organizing

☐ Social Event – Catering/Meals for Lobby Day

☐ Social Event – Travel Reimbursement (Train, Airfare, Car, Hotel)

☐ Advocacy – Email marketing/Email blasts

☐ Social Event – Civic Engagement/Community Organizing

☐ Social Event – Volunteer Training

☐ Advocacy – Expenses related to

☐ Social Media – Media Relations and Strategy

☐ Social Media – Online Advocacy (sponsored posts)

## SECTION IX — LOBBYING SUBJECT(S)

*Filers must report any Lobbying Subject(s) they lobbied on during the specified Bi-Monthly period. Please choose from the comprehensive list of 'Lobbying Subjects' listed below. Please check all that apply.*

*You may choose as many subjects as necessary*

- |  |   |
|--|---|
| <input type="checkbox"/> Agribusiness – Food Processing & Sales                                | <input type="checkbox"/> Energy & Natural Resources – Parks & Recreational Activities               |
| <input type="checkbox"/> Agribusiness – General  | <input type="checkbox"/> Energy & Natural Resources – Waste Management                              |
| <input type="checkbox"/> Agribusiness – Tobacco  | <input type="checkbox"/> Energy & Natural Resources– Alternative Energy Production & Services       |
| <input type="checkbox"/> Agribusiness – Agricultural Services & Products                       | <input type="checkbox"/> Ethics Laws and Regulations  |
| <input type="checkbox"/> Budget/Appropriations   | <input type="checkbox"/> Finance, Insurance & Financial Services – Commercial Banks & Credit Unions |
| <input type="checkbox"/> Cannabis/Marijuana  | <input type="checkbox"/> Finance, Insurance & Financial Services – Finance & Credit Companies       |
| <input type="checkbox"/> Chemicals/Chemical Industry   | <input type="checkbox"/> Finance, Insurance & Financial Services – General                          |
| <input type="checkbox"/> Construction – Building Materials & Equipment                         | <input type="checkbox"/> Finance, Insurance & Financial Services – Mortgage Finance                 |
| <input type="checkbox"/> Construction – Construction Services                                  | <input type="checkbox"/> Finance, Insurance & Financial Services – Securities & Investment          |
| <input type="checkbox"/> Construction – General  | <input type="checkbox"/> Gaming – Casinos   |
| <input type="checkbox"/> Consumer Issues/Safety/Protection                                     | <input type="checkbox"/> Gaming – General   |
| <input type="checkbox"/> Corrections   | <input type="checkbox"/> Gaming – Horse Racing  |
| <input type="checkbox"/> Criminal Justice – Criminal Law & Procedures (includes sentencing)    | <input type="checkbox"/> Gaming – Lottery   |
| <input type="checkbox"/> Criminal Justice – General  | <input type="checkbox"/> Gaming – Recreation & Live Entertainment                                   |
| <input type="checkbox"/> Criminal Justice – Law Enforcement                                    | <input type="checkbox"/> Health – Cigarette/ Tobacco  |
| <input type="checkbox"/> Criminal Justice – Police Issues                                      | <input type="checkbox"/> Health – General   |
| <input type="checkbox"/> Economic Development –General   | <input type="checkbox"/> Health – Health Professions  |
| <input type="checkbox"/> Economic Development – Sports/Entertainment                           | <input type="checkbox"/> Health – Health Services / HMOs  |
| <input type="checkbox"/> Economic Development – Tax Incentives                                 | <input type="checkbox"/> Health – Hospitals & Nursing Homes   |
| <input type="checkbox"/> Economic Development – Tourism  | <input type="checkbox"/> Health – Medicine/ Medicaid  |
| <input type="checkbox"/> Education – Charter Schools   | <input type="checkbox"/> Health – Pharmaceuticals/ Health Products                                  |
| <input type="checkbox"/> Education – Evaluations   | <input type="checkbox"/> Human Rights/Civil Rights  |
| <input type="checkbox"/> Education – Funding   | <input type="checkbox"/> Insurance – General  |
| <input type="checkbox"/> Education – General   | <input type="checkbox"/> Insurance – Health   |
| <input type="checkbox"/> Education – Testing   | <input type="checkbox"/> Insurance – Life   |
| <input type="checkbox"/> Energy & Natural Resources – Environmental Conservation/ Preservation | <input type="checkbox"/> Insurance – Property & Casualty  |
| <input type="checkbox"/> Energy & Natural Resources – General                                  |   |
| <input type="checkbox"/> Energy & Natural Resources – Oil/Fuel/Gas                             |   |

- |   |  |
|---|--|
| <input type="checkbox"/> Insurance – Auto   | <input type="checkbox"/> Tax – Real Property                                 |
| <input type="checkbox"/> Labor – Labor Issues/ Unions   | <input type="checkbox"/> Tax – School  |
| <input type="checkbox"/> Labor – Pensions/ Retirement   | <input type="checkbox"/> Tax – Corporate                                     |
| <input type="checkbox"/> Labor – Prevailing wage/ Minimum Wage  | <input type="checkbox"/> Transportation – Air Transport                      |
| <input type="checkbox"/> Labor – General  | <input type="checkbox"/> Transportation – Automotive Industry/ Manufacturers |
| <input type="checkbox"/> Lobbying Laws and Regulations  | <input type="checkbox"/> Transportation – General                            |
| <input type="checkbox"/> Media – Books, Magazines & Newspapers  | <input type="checkbox"/> Transportation – Mass Transit                       |
| <input type="checkbox"/> Media – First Amendment – Press  | <input type="checkbox"/> Transportation – Safety                             |
| <input type="checkbox"/> Media – General  | <input type="checkbox"/> Transportation – Trucking                           |
| <input type="checkbox"/> Media – Motion Picture/Television/Recorded Music/<br>Music Production & Distribution | <input type="checkbox"/> Transportation – Railroad/Canals                    |
| <input type="checkbox"/> Media – Printing & Publishing  | <input type="checkbox"/> Veterans Affairs                                    |
| <input type="checkbox"/> Miscellaneous Business – Advertising/ Public Relations                               |  |
| <input type="checkbox"/> Miscellaneous Business – General   |  |
| <input type="checkbox"/> Public Utilities – Cable/Broadband   |  |
| <input type="checkbox"/> Public Utilities – Electric  |  |
| <input type="checkbox"/> Public Utilities – Gas   |  |
| <input type="checkbox"/> Public Utilities – General   |  |
| <input type="checkbox"/> Public Utilities – Telecommunications  |  |
| <input type="checkbox"/> Public Utilities – Water   |  |
| <input type="checkbox"/> Real Estate – Affordable Housing   |  |
| <input type="checkbox"/> Real Estate – Construction   |  |
| <input type="checkbox"/> Real Estate – General  |  |
| <input type="checkbox"/> Tax – Development Credits  |  |
| <input type="checkbox"/> Tax – Exempt Organizations   |  |
| <input type="checkbox"/> Tax – General  |  |
| <input type="checkbox"/> Tax – Personal Income  |  |

## DO YOU HAVE LOBBYING ACTIVITIES TO REPORT?

Select one: ☐ YES ☐ NO (Skip to section XI - Attestation if 'NO' is selected.)

## LEVEL OF GOVERNMENT LOBBIED

Indicate the '*Level of Government Lobbied*' during this Bi-Monthly reporting period.

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

## 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 Commission website.

## SELECT A 'FOCUS TYPE' FROM THE FOLLOWING CATEGORIES:

- |  |  |  |
|--|--|--|
| <ul style="list-style-type: none"><li>• State Bill</li><li>• State Executive Order</li><li>• State Funding</li><li>• State Land Use</li><li>• State Permits/Licensing</li><li>• State Procurement</li><li>• State Regulation/Rate-making/Rule</li><li>• State Resolution</li></ul> | <ul style="list-style-type: none"><li>• State Tribal Compact Agreement - NYS Indian Nations<ul style="list-style-type: none"><li>• Cayuga Nation</li><li>• St. Regis Mohawk Tribe</li><li>• Oneida Nation of NY</li><li>• Onondaga Nation</li><li>• Seneca Nation of Indians</li><li>• Tuscarora Nation of NY</li><li>• Unkechague Poosepatuck Indian Tribe</li><li>• Shinnecock Indian Nation</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Municipal Bill</li><li>• Municipal Executive Order</li><li>• Municipal Funding</li><li>• Municipal Land Use</li><li>• Municipal Ordinance</li><li>• Municipal Permits/Licensing</li><li>• Municipal Procurement</li><li>• Municipal Regulation/Rate-making/Rule</li><li>• Municipal Resolution</li></ul> |
|--|--|--|

## SELECT A 'GOVERNMENT BODY' FROM THE FOLLOWING CATEGORIES:

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>• A communication sent to entire Senate</li><li>• A communication sent to entire Assembly</li><li>• A communication sent to entire Legislature</li><li>• A Communication sent to all NYC Council Members</li><li>• A Communication sent to all [Specify County] Legislators</li><li>• Senate Committee</li><li>• Assembly Committee</li><li>• NYS Assembly</li><li>• NYS Senate</li><li>• Executive Chamber</li><li>• State Agency</li><li>• NYS School Districts</li><li>• NYC Council Members and County Legislators</li></ul> | <ul style="list-style-type: none"><li>• State and Local Public Authorities and Local Development Corporations</li><li>• Industrial Development Agency</li><li>• Village</li><li>• Town</li><li>• City</li><li>• County</li><li>• Improvement/Special Districts<ul style="list-style-type: none"><li>• County Special District</li><li>• Town Special District</li><li>• Consolidated Health District</li><li>• Fire District</li><li>• Independent Special District</li></ul></li></ul> |
|--|---|



## LOBBYING FOCUS AND PARTIES LOBBIED INFORMATION

*Only enter one Focus Type and Identifying # or Description for bullets 1 and 2. Do not enter multiple Bill numbers. Do not enter Parties Lobbied Information (bullet 4) if 'Monitoring Only' is selected.*

1. Focus Type

2. Identifying # or Description

3. Type of Lobbying Communication (Select one)

☐ Grassroots Lobbying☐ Direct Lobbying☐ Both (Direct and Grassroots)☐ Monitoring Only

4. 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: \_\_\_\_\_

## LOBBYING FOCUS AND PARTIES LOBBIED INFORMATION

*Only enter one Focus Type and Identifying # or Description for bullets 1 and 2. Do not enter multiple Bill numbers. Do not enter Parties Lobbied Information (bullet 4) if 'Monitoring Only' is selected.*

1. Focus Type

2. Identifying # or Description

3. Type of Lobbying Communication (Select one)

☐ Grassroots Lobbying☐ Direct Lobbying☐ Both (Direct and Grassroots)☐ Monitoring Only

4. 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: \_\_\_\_\_



## LOBBYING FOCUS AND PARTIES LOBBIED INFORMATION

*Only enter one Focus Type and Identifying # or Description for bullets 1 and 2. Do not enter multiple Bill numbers. Do not enter Parties Lobbied Information (bullet 4) if 'Monitoring Only' is selected.*

1. Focus Type

2. Identifying # or Description

3. Type of Lobbying Communication (Select one)

☐ Grassroots Lobbying☐ Direct Lobbying☐ Both (Direct and Grassroots)☐ Monitoring Only

4. 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: \_\_\_\_\_

## LOBBYING FOCUS AND PARTIES LOBBIED INFORMATION

*Only enter one Focus Type and Identifying # or Description for bullets 1 and 2. Do not enter multiple Bill numbers. Do not enter Parties Lobbied Information (bullet 4) if 'Monitoring Only' is selected.*

1. Focus Type

2. Identifying # or Description

3. Type of Lobbying Communication (Select one)

☐ Grassroots Lobbying☐ Direct Lobbying☐ Both (Direct and Grassroots)☐ Monitoring Only

4. 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: \_\_\_\_\_

## LOBBYING FOCUS AND PARTIES LOBBIED INFORMATION

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4. Parties Lobbied Information

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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** \_\_\_\_\_

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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: \_\_\_\_\_

## SECTION XI — 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 Commission 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 NYS Commission on Ethics and Lobbying in Government.*

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.

## Sample NYC Lobbyist Periodic Report

## 2012 P1 Periodic Report for [REDACTED]

DATE FILED: [REDACTED]

## LOBBYIST INFORMATION

Principal Officer Name

Principal Officer Title

Principal Officer Email

Principal Officer Phone

Lobbyist Business Name

Lobbyist Business  
Address

Lobbyist Business Phone

## CLIENT INFORMATION

Client Name

Business Address

Client P.O. Name

Business Phone

Business Email

## EMPLOYEES LOBBYING FOR CLIENT

Employee's Name

Employee's Work Address

Employee's Work Phone

Employee's Salary

## EMPLOYEES LOBBYING FOR CLIENT

Employee's Name

Employee's Work Address

Employee's Work Phone

Employee's Salary

## LOBBYING ACTIVITIES

Subject Category

Subject Details

Target	Office/Department	Contact Name
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

## SUMMARY OF COMPENSATION FROM CLIENT

---

\* The YTD total is provided for your convenience and includes the total of all certified periodic reports filed to date this calendar year. When you certify this report, you are not certifying the YTD total.

Total Compensation Paid or  
Owed for Current Period

██████████

Year to Date Total Compensation  
Paid or Owed\*

██████████

## LOBBYING EXPENSES

---

Aggregate of all expenses for  
salaries of support staff

██████████

Total of Aggregate Expenses  
\$75.00 or less

██████████

Are there expenses greater than  
\$75.00

██████████

\* The YTD total is provided for your convenience and includes the total of all certified periodic reports filed to date this calendar year. When you certify this report, you are not certifying the YTD total.

Itemized Expense Total

██████████

Total Expenses for Current  
Period

██████████

Year to Date Total of Expenses\*

██████████

## REIMBURSED EXPENSES

---

\* The YTD total is provided for your convenience and includes the total of all certified periodic reports filed to date this calendar year. When you certify this report, you are not certifying the YTD total.

Total Reimbursed Expenses for  
Current Period

██████████

Year to Date Total of  
Reimbursed Expenses

██████████

---

**This Report has been certified.**

Back

Print

(April 2023)

### Sample Lobbying Timekeeping Forms

Here are two methods that nonprofit organizations can use to track their lobbying time and expenses to comply with federal lobbying limits and with lobbying registration and reporting requirements.

Method #1: specific dates and minutes/hours

Lobbyist Name: \_\_\_\_\_

Date	Subject (include bill number if any)	Description of Activity (include whether grassroots or direct lobbying)	Target (individual and/or legislative body)	Time Spent (hours)	Hourly rate	Total Compensation to Report	Additional Expenses? (e.g., printing costs, train fare)	Level of Government Targeted		
								NYC	NYS	Federal
4/1/23	<i>Criminal Justice Reform Act (Int 1234)</i>	<i>Draft email asking allies to call NYC Council members: grassroots</i>	<i>City Council</i>	2	\$35	2*\$35=\$70	<i>none</i>	X		
4/8/23	<i>State Budget – Foster Care</i>	<i>Calls to state legislators: direct</i>	<i>Senators Jones &amp; Smith</i>	1	\$35	\$35	<i>none</i>		X	

Method #2: percentage of time spent in a week or month

Lobbyist Name: \_\_\_\_\_

Week of...	Subject (include bill number if any)	Description of Activity (include whether grassroots or direct lobbying)	Target (individual and/or legislative body)	Time Spent (% of week)	Weekly Compensation	Total Compensation to Report	Additional Expenses? (e.g., printing costs, train fare)	Level of Government Targeted		
								NYC	NYS	Federal
4/1/23	<i>Criminal Justice Reform Act (Int 1234)</i>	<i>Draft email asking allies to call NYC Council members: grassroots</i>	<i>City Council</i>	<i>5%</i>	<i>\$800</i>	<i>\$40</i>	<i>none</i>	<i>X</i>		
4/1/23	<i>State Budget – Foster Care</i>	<i>Calls to state legislators: direct</i>	<i>Senators Jones &amp; Smith</i>	<i>10%</i>	<i>\$800</i>	<i>\$80</i>	<i>none</i>		<i>X</i>	

For explanations of which activities to record in the NYC, NYS and Federal categories, see Lawyers Alliance’s FAQs About Nonprofit Organizations and Lobbying, available at <https://lawyersalliance.org/advocacy>