



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: <input type="checkbox"/> ORGANIZATION <input type="checkbox"/> PUBLIC CORPORATION <input type="checkbox"/> COALITION			
CONTRACTUAL CLIENT NAME AND INFORMATION			
<i>Complete this section only if the Contractual Client is different than the Principal Lobbyist.</i>			
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

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/
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
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
& Services |
| <input type="checkbox"/> Criminal Justice – Police Issues | |

SECTION IX – LOBBYING SUBJECT(S) (CONTINUED)

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

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.