



## SOURCE OF FUNDING SUMMARY STATEMENT FORM

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

*Every Beneficial Client is required to either: (1) Disclose Source(s) of Funding ('SoF'); or Indicate SoF reporting is not required. The information will be appended to every active CSA and Amended CSA of the affiliated Contractual Client(s) during the specified Reporting Period. A Beneficial Client may be the same as the Contractual Client.*

### SECTION I - BENEFICIAL CLIENT INFORMATION

Report the Beneficial Client name and contact information. A 'Beneficial Client' is the individual or organization on whose behalf and at whose request lobbying services were conducted by the Principal Lobbyist.

Refer to the following definitions when selecting the 'Beneficial Client Type.'

- Select '**Organization**' if filing for a person or company, firm, entity, or other Organization who utilizes Employed or Retained Lobbyists to lobby on behalf of itself, or incurs Lobbying Expenses on behalf of itself or another.
- Select '**Public Corporation**' if filing for a municipal corporation (including counties, cities, towns, villages, and school districts), district corporation, and public benefit corporation as defined in section sixty-six of the General Construction Law who utilizes Retained Lobbyists.
- Select '**Coalition**' if filing for a group of otherwise-unaffiliated entities or members who pool funds for the primary purpose of engaging in Lobbying Activities on behalf of the members of the Coalition and who opted to file as a Lobbyist or Client.

BENEFICIAL CLIENT TYPE			
Select one:	<input type="checkbox"/> Organization	<input type="checkbox"/> Public Corporation	<input type="checkbox"/> Coalition

**BENEFICIAL CLIENT NAME AND INFORMATION**

Name

**BUSINESS ADDRESS AND CONTACT INFORMATION**

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

NYBE # (If known)

**ALTERNATE BUSINESS ADDRESS** check if primary mailing address

Street

Street 2 (optional)

City

State

Country

Zip code

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

Complete the **'Responsible Party'** section only if the Beneficial Client submitting the Source of Funding information has never filed Lobbying reports with the Commission on Ethics and Lobbying in Government.

Last name

First name

Middle name (optional)

Suffix (optional)

Business title

Phone number

Ext.

Email address

Alt Email

## SECTION II - SOURCE OF FUNDING INFORMATION

A Beneficial Client listed on a Statement of Registration or Client Semi-Annual Report must select a SoF Summary Statement and may be required to disclose Source of Funding information. Refer to the Regulations Part 938 and Chapter 9 of the Guide to Lobbying for more information.

### SELECT ONE:

You must select one of the options below. Please download and complete the pre-formatted Excel Spreadsheet from the Commission website to disclose Source of Funding information. E-mail the completed spreadsheet to CSA@ethics.ny.gov with the subject line 'SoF Excel Spreadsheet'. Paper copies of the Excel Spreadsheet will **NOT** be accepted, you must attach the original source file to the e-mail. Please include your contact information to avoid unnecessary filing delays.

#### Reporting is NOT required

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

#### Reporting IS required

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

- Reporting is required and pre-formatted Excel Spreadsheet has been emailed to CSA@ethics.ny.gov

## SECTION III - CONTRACTUAL CLIENT 'A' INFORMATION

Report the name and contact information of every Contractual Client that has named you as a Beneficial Client. Your SoF Information will append to each Client Semi-Annual Report and amendment submitted by the Contractual Client(s) during the specified Reporting Period. **Complete this section only if the Contractual Client is different than the Beneficial Client.**

Refer to the following definitions when selecting the 'Contractual Client Type.'

- Select '**Organization**' if filing for a person or company, firm, entity, or other Organization who utilizes Employed or Retained Lobbyists to lobby on behalf of itself, or incurs Lobbying Expenses on behalf of itself or another.
- Select '**Public Corporation**' if filing for a municipal corporation (including counties, cities, towns, villages, and school districts), district corporation, and public benefit corporation as defined in section sixty-six of the General Construction Law who utilizes Retained Lobbyists.
- Select '**Coalition**' if filing for a group of otherwise-unaffiliated entities or members who pool funds for the primary purpose of engaging in Lobbying Activities on behalf of the members of the Coalition and who opted to file as a Lobbyist or Client.

### CONTRACTUAL CLIENT 'A' TYPE

Select one:  Organization  Public Corporation  Coalition

**CONTRACTUAL CLIENT 'A' NAME AND INFORMATION**

Name

**BUSINESS ADDRESS AND CONTACT INFORMATION**

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

NYBE # (If known)

**RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CONTRACTUAL CLIENT 'A'**

Last name

First name

Middle name (optional)

Suffix (optional)

Business title

Phone number

Ext.

Email address

Alt Email

**SECTION II - CONTRACTUAL CLIENT 'B' INFORMATION (IF APPLICABLE)**

*If you have affiliations with additional Contractual Clients, report their business name and contact information below.*

**CONTRACTUAL CLIENT 'B' TYPE**

Select one:

Organization

Public Corporation

Coalition

## SECTION II - CONTRACTUAL CLIENT 'B' INFORMATION CONTINUED

### CONTRACTUAL CLIENT 'B' NAME AND INFORMATION

Name

### BUSINESS ADDRESS AND CONTACT INFORMATION

Street

Street 2 (optional)

City

State

Zip code

Country

Business phone

Ext.

Email address

NYBE # (If known)

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

Last name

First name

Middle name (optional)

Suffix (optional)

Business title

Phone number

Ext.

Email address

Alt Email

## SECTION II - CONTRACTUAL CLIENT 'C' INFORMATION (IF APPLICABLE)

If you have affiliations with additional Contractual Clients, report their business name and contact information below.

### CONTRACTUAL CLIENT 'C' TYPE

Select one:

Organization

Public Corporation

Coalition

## SECTION II - CONTRACTUAL CLIENT 'C' INFORMATION CONTINUED

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		NYBE # (If known)	
RESPONSIBLE PARTY NAME AND CONTACT INFORMATION FOR CONTRACTUAL CLIENT 'C'			
Last name		First name	
Middle name (optional)		Suffix (optional)	
Business title		Phone number	Ext.
Email address		Alt Email	

## SECTION IX - 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 Commission on Ethics and Lobbying in Government.*

DECLARATION	
<i>This Declaration must be signed by the Chief Administrative Officer of the Beneficial Client. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) (See instructions.)</i>	
Signature X	Date
Last	First
Select One: <input type="checkbox"/> Chief Administrative Officer <input type="checkbox"/> Designee (Attach Letter)	

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

NYS Commission on Ethics and Lobbying in Government  
 540 Broadway  
 Albany, New York 12207

If reporting is required, complete the pre-formatted Excel Spreadsheet and e-mail the original source file to [CSA@ethics.ny.gov](mailto:CSA@ethics.ny.gov) and include your contact information and the name of the Beneficial Client to avoid filing delays.