



Late Fee Waiver Application Affidavit

This form must be emailed to latefeewaivers@ethics.ny.gov along with the Late Fee Waiver Application.

***FIELDS ARE REQUIRED**

I,

the undersigned, do hereby declare that I am the Responsible Party listed on Lobbying filings submitted to the New York State Commission on Ethics and Lobbying in Government (hereafter "Commission") for

(hereafter the "Applicant") and that the following information, required by the Commission pursuant to 19 NYCRR 943.15(e)(3)(ii) relating to the submission of a Late Fee Waiver Application, is true and accurate:

One or more of the following has occurred which is the reason for the late filing:

- (i) The death or serious illness of the Responsible Party or immediate family member thereof;
- (ii) A force majeure, including an extraordinary event or circumstance beyond the Responsible Party's control, such as a natural disaster or epidemic;
- (iii) Other mitigating factor that reasonably impacted the Lobbyist's or Client's ability to submit timely.

(a) Provide a narrative detailing the cause of the late filing, in the context of the eligibility requirement(s) selected above

(b) The Applicant's annual operating budget is

NOTE: Operating budget means the annual estimated income and expenses of the entire organization.

(c) Does the Applicant: **utilize Retained Lobbyist(s)**

(choose one)*

lobby on own behalf

both

N/A (Choose if you are a Retained Lobbyist)

(d) For late Bi-Monthlies Client Semi-Annual Reports (choose applicable) ^{*} list the number of lobbying activities listed on your late filing and the amount of compensation and expenses that was not reported timely during that relevant period.*

NOTE: if you have a late Registration or Registration Amendment this question does not apply, please skip to (e).

(e) How the Applicant plans to mitigate risk of future late filings. ^{*}

(f) Any other factors that may be helpful in assessing this late fee waiver application.

Responsible Party Signature ^{*}

Sworn to before me, this ___ day ^{*}
of MONTH ___ YEAR _____

Notary Public

NOTE: The Responsible Party signing this affidavit must currently be listed as a Responsible Party on your organization's lobbying profile.