

# NY STATE LOBBYIST BI-MONTHLY REPORT

Marking Instructions: Please type or use blue or black ink pen.  
Completely fill in one circle.  
Print legible numbers and block letters, no script.

**COMPLETE ALL SECTIONS**  
before submitting or form will be returned.

## I Reporting Information

Year: \_\_\_\_\_

Fill in circle if amendment

Report Period:  Jan/Feb     March/April     May/June  
 July/August     Sept/Oct     Nov/Dec

Type of Lobbying:  Nonprocurement     Procurement     Both

Level of Gov't :  State Lobbying     Local Lobbying     Both

FOR OFFICE USE ONLY

## II Principal Lobbyist Information

PRINCIPAL LOBBYIST NAME: Organization: \_\_\_\_\_

OR  
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Permanent Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

## III Additional Lobbyists

List each individual associated with the principal lobbyist who lobbied during this period. If you list a name not shown on Section III of your Statement of Registration, or in an amendment, mark the "ADD" response beside the name.

LAST NAME:	FIRST NAME:	ADD
1.		<input type="radio"/>
2.		<input type="radio"/>
3.		<input type="radio"/>
4.		<input type="radio"/>
5.		<input type="radio"/>
6.		<input type="radio"/>
7.		<input type="radio"/>
8.		<input type="radio"/>

Continued on attached pages

## IV Client Information

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

Permanent Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Third Party Beneficiary (see instructions): \_\_\_\_\_

## V Summary of Compensation and Reimbursed Expenses for this period

COMPENSATION (Current Period Only): \$ .00

REIMBURSED EXPENSES (Current Period Only): \$ .00

## VI Lobbying Expenses (Current Period Only)

<b>A</b>	Report in the aggregate all expenses less than or equal to \$75: \$	.00
<b>B</b>	Report in the aggregate all expenses for salaries of non-lobbying employees: \$	.00
<b>C</b> Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$	<input type="radio"/> *Addendum attached
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
<b>D</b>	Total expenses for current period: \$	.00 (if applicable, include all expenses from attached pages in total)

## VII Subjects on which you lobbied:

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Continued on attached pages

## VIII Person, State Agency, Municipality or Legislative Body lobbied:

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Continued on attached pages

## IX Bill, Rule, Regulation or Rate Numbers on which you lobbied:

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Continued on attached pages

## X Title and Identifying Numbers of procurement contracts/documents on which you lobbied:

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Continued on attached pages

## XI Number or Subject Matter of Executive Order of Governor/Municipality on which you lobbied:

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Continued on attached pages

## XII Subject Matter of and Tribes involved in tribal-state compacts, etc on which you lobbied:

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Continued on attached pages

## XIII Declaration

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.) **(See instructions.)**

**I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.**

**X** SIGNATURE:

DATE:

PRINT NAME: LAST

FIRST

Mark 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.



**Designated Addendum sheet for sections VII, VIII, IX, X, XI and XII.**

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

**VII** Subjects on which you lobbied:

Empty box for section VII.

**VIII** Person, State Agency, Municipality or Legislative Body lobbied:

Empty box for section VIII.

**IX** Bill, Rule, Regulation or Rate Numbers on which you lobbied:

Empty box for section IX.

**X** Title and Identifying Numbers of procurement contracts/documents on which you lobbied:

Empty box for section X.

**XI** Number or Subject Matter of Executive Order of Governor/Municipality on which you lobbied:

Empty box for section XI.

**XII** Subject Matter of and Tribes involved in tribal-state compacts, etc on which you lobbied:

Empty box for section XII.