

**APPLICATION REQUESTING AMNESTY  
THROUGH NYS JCOPE'S AMNESTY PROGRAM**

**NYS Joint Commission on Public Ethics**  
540 Broadway, Albany, NY 12207  
(518) 408-3976 / [jcope@jcope.ny.gov](mailto:jcope@jcope.ny.gov)

Persons or groups who meet certain eligibility requirements set forth below may apply for amnesty from all applicable State assessment of fines and penalties. All applications must be received between January 1 and June 30, 2016.

**Amnesty Eligibility and Participation Requirements**

**Eligibility:**

- The State Amnesty Program is available to: (1) any lobbyist who was required to file, *but never filed*, a statement of registration on or after December 10, 2006; and (2) any client of a lobbyist who was required to file, *but never filed*, a client report at any time on or after December 10, 2006. Parties who act as both a lobbyist and client are eligible only in the capacity in which they qualify for amnesty. If a party qualifies as a lobbyist AND client, then the party is eligible for amnesty in both capacities.
- Amnesty is not available to any lobbyist or client who is the subject of any pending criminal investigation relating to a violation of New York State Legislative Law Article 1-A (the "Lobbying Act"), or is a party to any pending criminal litigation relating to a violation of the Lobbying Act.
- Amnesty is not available to any lobbyist or client who has ever been contacted by JCOPE for non-compliance.

**Participation:**

In order to participate in the amnesty program, eligible applicants will be required to:

- Submit all statements of registration and periodic reports required by the Lobbying Act for lobbying activity occurring between January 1, 2013 and the date that the amnesty application is filed;
- Submit all applicable filing fees to JCOPE with the required filings;
- Waive the application of § 1-o(c)(iii) of the Lobbying Act to any future violations;
- Comply with a training component; and
- Submit all required reports and filing fees within fifteen days of acceptance into the Amnesty Program.

**ALL FILERS REQUESTING AMNESTY FROM NYS JCOPE MUST COMPLETE THIS FORM**

\*Please see amnesty eligibility and participation requirements above\*

Applicant's Name: \_\_\_\_\_

Applicant's Business Address: \_\_\_\_\_

Applicant's Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Applicant Acting in Capacity of:       Lobbyist                       Client                       Both

Responsible Person Name and Title: \_\_\_\_\_

Lobbyist(s) Name(s): \_\_\_\_\_

Time Period of Activities: \_\_\_\_\_

Engaged in lobbying during 2015?                       Yes                       No

Applying for NYC Amnesty Program?                       Yes                       No

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**NOTE: After reviewing an applicant's form, JCOPE will notify the applicant in writing of its determination regarding eligibility and provide a list detailing all applicable participation requirements.**

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**LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**