

SPECIAL INSTRUCTIONS FOR COMPLETING THE PAPER CLIENT SEMI-ANNUAL REPORT RELATED TO SOURCE OF FUNDING DISCLOSURES

Reporting for Source of Funding disclosures is now available to online filers

All filers are encouraged to utilize the Commission's online filing system; however, Client Filers may submit Source of Funding disclosures with the JCOPE Client Semi-Annual Report paper form.

If you choose to file on paper, you must complete the attached Source of Funding Disclosure Addendum Form for submission with your completed Client Semi-Annual Report form.

If you are required to disclose Source of Funding (See: [Instruction Overview](#)), you must download and complete the pre-formatted Microsoft Excel file ([download file here](#)) to enter all Source of Funding data *instead of* completing Section V of the Client Semi-Annual Report. Instructions for filling in the pre-formatted Excel file can be found [here](#); paper filers may disregard the section on uploading.

Paper forms must be completed in full, printed out, signed, and sent to the NYS Joint Commission on Public Ethics, 540 Broadway, Albany, NY 12207.

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For more information, please see the [SoF Training Materials](#) or contact JCOPE at jcope@jcope.ny.gov or 518-408-3976.





New York State Joint Commission on Public Ethics
 540 Broadway
 Albany, New York 12207
 518.408.3976

**Source of Funding Disclosure Addendum Form
 for Submission with Paper Filings of Client Semi-Annual Report**

SECTION V SOURCE OF FUNDING DISCLOSURE

Year: _____

Fill in circle if amendment:

Report Period: January/June July/December

Client Name: _____

Please select one of the following options:

- Reporting is required and is attached (See [Instructions](#))
- Exemption pending or previously approved
- Reporting is not required – under spending threshold
- Reporting is not required – no applicable contributions
- Reporting is not required – filer is exempt as 501(c)(3) or governmental organization

This form must be completed in full, printed out, signed and sent with your completed Client Semi-Annual Report to the following address:

*NYS Joint Commission on Public Ethics
 540 Broadway
 Albany, New York 12207*

This form must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this form.)

X Signature: _____ Date: _____

Print Name: _____

Title: _____

Mark One: Chief Administrative Officer Designee (Attach Letter)