\$4,478.00

## **COUNTY OF NASSAU**

## LOBBYIST PERIODIC REPORT FORM

1.	Name, address and telep	shone number of l	obbyist(s)/lobbying	organization as	it appears on
Lobb	yist Registration and Disc	losure Form:			

Josh Gold Uber Technologies, Inc. 1455 Market Street, Suite 400, San Francisco, CA 94103 415-986-2104 Reporting Period: June 1 - August 31, 2017 2. (January 1 to March 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31) (Note: for Sections 3 through 6 below, where a lobbyist is required to file this report, any such lobbyist that has not earned or incurred any compensation or expenses for the period shall make such a statement herein) List below amounts for any compensation paid or owed to the lobbyist during the period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for what purpose. Amount Details Compensation paid to Josh Gold for lobbying services during the reporting period. \$3,143.00 4. List below the cumulative total amounts earned to date for lobbying year:

period f		For any expenses expended or incurred by the lobbyist during the obying. Such amounts shall be detailed as to amount, to whom paid
	Amount \$0.00	Details  No expenses for the current reporting period.
		tive total amounts expended to date for lobbying year:
	\$0.00	
		igh 10 below, you may attach a copy of your Lobbyist Registration ed the information has not changed.)
	List whether and whe assau County, New Yo	ere the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):
New Y	ork City, New York	State, Suffolk County and Nassau County.
	Name, address and to tis retained, employed	elephone number of client(s) by whom, or on whose behalf, the d or designated.
1455 N	echnologies, Inc. Market Street, Suite 86-2104	400, San Francisco, CA 94103

I understand that copies of this form will be sent to the Nassau County Department of Information Technology ("IT") to be posted on the County's website.

I also understand that upon termination of retainer, employment or designation I must give written notice to the County Attorney within thirty (30) days of termination.

VERIFICATION: I certify that all statements made on this statement are true, correct and complete to the best of my knowledge and belief and I understand that the willful making of any false statement of material fact herein will subject me to the provisions of law relevant to the making and filing of false instruments and will render such statement null and void.

Communications Director, East

Dated: 9/15/2017	Signed:
	Print Nam
	Title:
STATE OF NEW YORK )	
COUNTY OF NASSAU ) SS:	
Sworn to before me this15th	
Day of September	_, 20_17.
full	
NOTARY PUBLIC	

MILENA IVANOVA

NOTARY PUBLIC-STATE OF NEW YORK

No. 011V6295649

Qualified in Queens County

My Commission Expires January 06, 2018