

County of Nassau

Lobbyist Annual Report

For the reporting year 20___

| 1. on Lo | Name, address and telephone number of lobbyist(s)/lobbying organization as it appears obbyist Registration and Disclosure Form: |
|-------------|---------------------------------------------------------------------------------------------------------------------------------|
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| 2. lobby | Name, address and telephone number of client(s) by whom, or on whose behalf, the ist is retained, employed or designated: |
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| 3. A description of the designated by s | iption of the subject or subjects on which each lobbyist retained, employed or uch client has lobbied: |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| 4. Names | of the persons and agencies before which such lobbyist has lobbied: |
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| 5. List believe for the pur and for what pu | ow amounts for any compensation paid or owed to the lobbyist during the prior poses of lobbying. Such amounts shall be detailed as to amount, to whom paid urpose. |
| Amount | Details |
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| 6. | | e cumulative total amounts earned for lobbying throughout the year: |
|------|----------------|--------------------------------------------------------------------------|
| 7. | List below the | e expenses incurred or expensed by lobbyist for the purpose of lobbying: |
| Amou | nt | Details |
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| 8. List below the cumulati | e total amounts expended for lobbying throughout the year: |
|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
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| | form will be sent to the Nassau County Department of to be posted on the County's website. |
| I also understand that upon terr written notice to the County At | ination of retainer, employment or designation I must give orney within thirty (30) days of termination. |
| complete to the best of my kno any false statement of material | all statements made on this statement are true, correct and belief and I understand that the willful making of act herein will subject me to the provisions of law relevant to struments and will render such statement null and void. |
| Dated: | Signed: |
| | Print Name: |
| | Title: |
| STATE OF NEW YORK) | S: |
| COUNTY OF NASSAU) | |
| Sworn to before me this | |
| Day of | , 20 |
| NOTARY PUBLIC | |