## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

	Name, address and st Registration and	telephone number of lobbyist(s)/lobbying organization as it appears of Disclosure Form:
KP	MIT LLP en	nploys and retains NYS registered
lob	obyists but	nploys and retains NYS registered didn't engage in an Nassau County
		g the reporting period.
2.	Reporting Period:	6/1 - 8/31
		oril 1 to May 31; June 1 to August 31; or September 1 to December 31
lobbyist such a s	t that has not earne statement herein)  List below amounts purposes of lobbying	igh 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make for any compensation paid or owed to the lobbyist during the period g. Such amounts shall be detailed as to amount, to whom paid and for
	Amount	Details
		None
=		
-		
-		,
4.	List below the cum	ulative total amounts earned to date for lobbying year:
	N	one

	Amount	DetailsNoN &		
6.	List below the cumulative total amounts expended to date for lobbying year:			
	More Community to the amounts expended to date for loosying year.			
		through 10 below, you may attach a copy of your Lobbyist Registration ovided the information has not changed.)		
7. (e.g.	List whether and Nassau County, Nev	where the lobbyist(s)/lobbying organization is registered as a lobbyist w York State):		
	New York	c state		
	1000			
	21	and telephone number of client(s) by whom, or on whose behalf, the		
8. lobby	Name, address as yist is retained, empl			
	9	*		

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.

Dated: 15/16

Signed:

Thomas Mulvihill

Print Name:

Title:

Managing Director

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

Sworn to before me this 5

Day of

, 20/6

NOTARY PUBLIC

ANGELA YVONNE BENJAMIN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BE6239903
Qualified in Queens County

Qualified in Queens County

My Commission Expires April 25, 2019