COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

1. Name, address and t Lobbyist Registration and I	elephone number of lobbyist(s)/lobbying organization as it appears on Disclosure Form:
Marc Herbs	
	d Contractors' Association
150 MOTOR PO	urkway Suite 307
Hauppauge	e, NY 11788
2. Reporting Period:	Vune 1 to August 31
(January 1 to March 31; Ap	oril 1 to May 31; June 1 to August 31; or September 1 to December 31)
	igh 6 below, where a lobbyist is required to file this report, any such d 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
4. List below the cum	ulative total amounts earned to date for lobbying year:
Mme	

	Amount	Details
,		
6.	List below the cumu	llative total amounts expended to date for lobbying year:
	none	
		rough 10 below, you may attach a copy of your Lobbyist Registration ded the information has not changed.)
7. (e.g.	List whether and w Nassau County, New	there the lobbyist(s)/lobbying organization is registered as a lobbyist York State):
Su	AGIK Cour	Ky
Na	essau Cour	ty.
1	en york ST	the
8. lobb	Name, address and byist is retained, employ	I telephone number of client(s) by whom, or on whose behalf, the yed or designated.
W	ng Islana	Contractors' Association
15	3 Motor	Parkway Suite 307
	/	
4	auggang	CNY 11788

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: 9/12/2017

Signed:

Print Name:

Title:

Executive Director

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

Sworn to before me this 12^{44}

Sworn to before the this _

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NOPARY PUBLIC

STATE
OF NEW YORK

NOTARY PUBLIC
Qualified in Nassau County
018A6347304

SOVERPIRES