

County of Nassau

Lobbyist Annual Report

For the reporting year 20_17

Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on Lobbyist Registration and Disclosure Form:

Cahill Strategies, LLC Daine Cahill 100 Broad hollow Road, Suite 307 Kristin Senese Farmingdale, NY 11735 6.31-770-3840

Daine Cahill Kaitlyn Cahill Maria Simeone TimHurley Marissa Espinoza

Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

Michelle Virga, LCSW-R The Neighborhood House of Sayville P.O. BOX 1042 Sayville, NY 11782 631-589-0055

Lisa Liberatore, MD founder + President Luv Michael, Inc. 3646 374 St. Long Island City, NY 11101

Suzanne Reek The Nassay Suffolk Autism Society of America P.O. Box 7472 Wantagh, NY 11793

Patrick Christie Kimco Realty Corp. 3333 New Hyde Park Road New Hyde Park, NY 11042

	designated by such control of the Neighborhood	d House of Sayville: Program Capitol, Funding Requests, Program Support.
	The Nassay Sut of America	Fork Autism Society: Program Support, Program Funding
	Kimco Realty	Corp: Project support and 20 ning requirements.
	Luv Michael,	Inc.: Capital Funding Request, Program Funding, Program Support
	Nassau/Suff NYS Senate NYS Assembl NYC Council	
	5. List below am year for the purposes and for what purpose.	ounts for any compensation paid or owed to the lobbyist during the prior of lobbying. Such amounts shall be detailed as to amount, to whom paid
Paid to Labbrish For Labbring	# 15,000 # 0 # 0 # 7,500	The Neighborhood House of Sayville Autism Society-Nassau/Suffolk Chapter Luv Michael Inc Kimco Realty Corp.
Client.		2

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6. List below	the cumulative total amounts earned for lobbying throughout the year:
# 19 -	
# 22,5	00
7 T:-+1-1	
7. List below	the expenses incurred or expensed by lobbyist for the purpose of lobbying
Amount	Details
#0	Details
\$0	N/A
77	

8. List below the cumulative total amounts expended for lobbying throughout the year:			
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: 1/3/18 Signed: Maria J. Si meone Print Name: Maria J. Si meone			
Title: <u>Divector of Education</u> /Mediate			
STATE OF NEW YORK) SCAPPONK) SS: COUNTY OF NASSAU)			
Sworn to before me this 13^{th}			

ELIZABETH SHERROW

NOTARY PUBLIC-STATE OF NEW YORK

No. 01SH6359968

Qualified in Suffolk County

My Commission Expires 06-12-2021

NOTARY PUBLIC