## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

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

The Parkside Group, LLC 132 Nassau Street, Suite 400 New York, NY 10038 212-571-7717

2. Rep	oorting Period: Apr	ril 1st to May 31
(January 1	to March 31; April	1 to May 31; June 1 to August 31; or September 1 to December 31)
lobbyist tha		a 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make
	ooses of lobbying.	or any compensation paid or owed to the lobbyist during the period Such amounts shall be detailed as to amount, to whom paid and for
Am \$6,7 \$6,7		Details April 2020 Retiner Fee, Lobbying Services May 2020 Retainer Fee, Lobbying Services
	below the cumula	tive total amounts earned to date for lobbying year:

5.	List below	amounts	for any	expenses	expended	or	incurred	by t	the lo	obbyist	during	the
-	for the purp		bbying.	Such amo	ounts shall	be	detailed a	as to	amo	unt, to	whom p	paid
and for	what purpo	ose.										

Amount \$0	Details
. List below	v the cumulative total amounts expended to date for lobbying year:
\$0	

(In lieu of completing 7 through 10 below, you may attach a copy of your Lobbyist Registration and Disclosure Form, provided the information has not changed.)

7. List whether and where the lobbyist(s)/lobbying organization is registered as a lobbyist (e.g. Nassau County, New York State):

Nassau County New York State New York City

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

Health Management Systems, Inc. 1450 Broadway, 19th Floor, Suite 810 New York, NY 10018 631-796-1949 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:June 15, 2020	Signed:	29
	Print Name:	Evan Stavisky
	Title:	Partner
STATE OF NEW YORK ) SS:		
COUNTY OF ROCKLAND )		
Sworn to before me this Day15		
of <u>June</u>	, 2020	
<u>January Ny Indonesia dia kaominina dia kaom</u>		
NOTARY PUBLIC		

John N. Herring

Notary Public - State of New York

Qualified in Bronx County

No. 02HE6372319

Commission Expires: March 19, 2022