

## County of Nassau

## Lobbyist Client Annual Report

## For the reporting year 2016

1. Name, address and telephone number of client utilizing a lobbyist:

Oracle America, Inc. c/o 2350 Kerner Blvd., Suite 250 San Rafael, CA 94901 415-389-6800

2. Name, address and telephone number of each lobbyist retained, employed, or designated by client:

Robert Sabo c/o 2350 Kerner Blvd., Suite 250 San Rafael, CA 94901 415-389-6800

3. A description of the subject or subjects on which each lobbyist retained, employed or designated by such client has lobbied:

None

4.	Names of the	persons and agencies before which such	lobbyist has lobbied:
None			
		(6)	
5. for any	List below the	e expenses paid or incurred in relation to g:	the lobbyist(s) retained by client or
Amour	nt	Details	
	<del></del>	<del></del>	
	:		

6. List below the cumulative total amounts expended or incurred on lobbying throughout the prior year:
0.00
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: 1/12/17  Signed: Jason D. Kaune  Print Name: Designated Agent for Filer
STATE OF NEW YORK)  SS:
COUNTY OF NASSAU)
Sworn to before me this
Day of , 20
Der ottoched Colifornia Gental NOTARY PUBLIC

## CALIFORNIA JURAT WITH AFFIANT STATEMENT

**GOVERNMENT CODE § 8202** 

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<ul><li>✓ See Attached Document (Notary to cross out li</li><li>☐ See Statement Below (Lines 1–6 to be completed)</li></ul>				
1				
2				
3				
4				
5				
6				
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)			
A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.				
State of California	Subscribed and sworn to (or affirmed) before me			
County of	on this 12 day of Tanvary, 2017, by Date Month Year  (1) Jason Kaune			
TYLER WILLIAM KLEINMAN Commission # 2137003 Notary Public - California Marin County My Comm. Expires Dec 15, 2019	(and (2)),  Name(s) of Signer(s)  proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.			
	Signature of Notary Public			
Seal Place Notary Seal Above				
Though this section is optional, completing this	PTIONAL s information can deter alteration of the document or is form to an unintended document.			
Description of Attached Document				
Title or Type of Document:				
Number of Pages: Signer(s) Other Than Named Above:				
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