COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

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

Craig Johnson Long Point Strategic Advisors, Inc. D/B/A/ Long Point Advisors 25 Overlook Drive Port Washington, NY 11050 516-707-5610

	reporting rene	d: June 1 to August 31
(Janu	ary 1 to March 31	; April 1 to May 31; June 1 to August 31; or September 1 to December 31)
lobby		hrough 6 below, where a lobbyist is required to file this report, any such irned or incurred any compensation or expenses for the period shall make
		unts for any compensation paid or owed to the lobbyist during the period bying. Such amounts shall be detailed as to amount, to whom paid and for
	Amount	Details
	0.00	NA
	-	
		8
4.	List below the c	umulative total amounts earned to date for lobbying year:
	0.00	

New York, NY 10001 202-794-7387

	Amount 0.00	Details NA			
					
6.	List below the cumulative total amounts expended to date for lobbying year:				
	0.00				
		through 10 below, you may attach a copy of your Lobbyist Registration rovided the information has not changed.)			
7. (e.g.	List whether an Nassau County, No	d where the lobbyist(s)/lobbying organization is registered as a lobbyist ew York State):			
Nas	sau County, Suffo	olk County, New York State			
8. lobb		and telephone number of client(s) by whom, or on whose behalf, the bloyed or designated.			
	r Technologies West 28th Street				

 List below amounts for any expenses expended or incurred by the lobbyist during the period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid

Page 3	of 4
9, client(Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify s) for each activity listed, during the Reporting Period.
None	
1) 22	
10. lobbied	The name of persons, organizations or governmental entities before whom the lobbyist has if during the period.

None

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: 1/3/22

Signed:

Craig M. Johnson

CEO

Print Name:

Title:

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

Sworn to before me this

NOTARY PUBLIC

No. 02KA6424194

avalified in Nassau Carry My Commission Expires 10/25/25 Elma Suth Suzanne Kass