COUNTY OF NASSAU

	LOBBYIST PE	ERIODIC REPORT FORM
Name, address an Lobbyist Registration an		er of lobbyist(s)/lobbying organization as it appears on
		oor 3, Melville, NY 11747, 631-755-5129 Floor 3, Melville, NY 11747, 631-755-5143
	h 4 0000 A 5	· 1.04 .0000
2. Reporting Period	June 1, 2020 - Augus	st 31, 2020
(January 1 to March 31;	April 1 to May 31:	; June 1 to August 31; or September 1 to December 31)
lobbyist that has not earn such a statement herein)	ned or incurred an	nere a lobbyist is required to file this report, any such y compensation or expenses for the period shall make
		nsation paid or owed to the lobbyist during the period ts shall be detailed as to amount, to whom paid and for
Amount \$0.00	None	Details
· <u> </u>		

4. List below the cumulative total amounts earned to date for lobbying year: \$773.36

\$0.00	None None
·	***************************************
<u></u>	
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6. List below the	ne cumulative total amounts expended to date for lobbying year:
.\$0	
	ng 7 through 10 below, you may attach a copy of your Lobbyist Registration n, provided the information has not changed.)
7. List whether (e.g. Nassau County	r and where the lobbyist(s)/lobbying organization is registered as a lobbyist, New York State):
	lichael Pressman are both registered in New York State, Nassau olk County as lobbyists.
	ess and telephone number of client(s) by whom, or on whose behalf, the employed or designated.

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9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period.
None
10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied 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: 9/10/2020

Signed:

Cauls man

Print Name:

OL B. MARK

Title:

AUTHORIZED OFFICER

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

10/1

Sworn to before me this _______

Day of

20 7

NOTA DV DUDI IC

ONOME KELLY EYUBEH

Hotary Public - State of New York

NO. 01EY6402216

Oualified in Nassau County

Qualified in Nassau County My Commission Expires Dec 30, 2023