COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

1.	Name, address and telephone number of lobbyist(s)/lobbying orga	nization as it appears	on
Lobbyi	st Registration and Disclosure Form:		
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SCO Family of Services 1 Alexander Place, Glen Cove, NY 11542 (516) 671-1253 Keith Little (employee) 584 Edgemere Avenue, Uniondale, NY 11553 (516) 242-7188 Rose Anello (employee) 444 East 82nd Street, Apt. 14J, New York, NY 10028 (917) 690-2869

Madeline Martinez (employee) 4 Betts Place, Mastic, NY 11950 (631) 772-2632 Karolina Veprek (employee) 42 Viola Drive, Glen Cove, NY 11542 (347) 423-8084

2.	Reporting Period	June 1 to August 31, 2019
(Jan	uary 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31
lobb		rough 6 below, where a lobbyist is required to file this report, any such ned or incurred any compensation or expenses for the period shall make
		ants for any compensation paid or owed to the lobbyist during the period ying. Such amounts shall be detailed as to amount, to whom paid and for
	Amount	Details
	\$0	No Lobbying activities and no compensation paid during this period.
		
		
		<u> </u>
4.	List below the cu	amulative total amounts earned to date for lobbying year:
	\$ 0	

	Amount \$0	Details No Lobbying activities and no expenses paid during this period.						
		and an						
	 							
6.	List below the cum	List below the cumulative total amounts expended to date for lobbying year:						
	\$0							
and D	isclosure Form, prov	arough 10 below, you may attach a copy of your Lobbyist Registration yided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyist York State):						
		s is registered as a lobbyist with: Nassau County, Suffolk and New York State.						
8. lobbyi	Name, address and ist is retained, emplo	d telephone number of client(s) by whom, or on whose behalf, the yed or designated.						
•		1 Alexander Place, Glen Cove, NY 11542 (516) 671-1253						

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: 9/12/19		Signed: Print Name: Title:	Keith M. Little President & CE
STATE OF NEW YORK) COUNTY OF NASSAU) Sworn to before me this	SS:		
Day of September		, 20 <u>19</u> .	
NOPARY PUBLIC ELIZABETH CAIAFA Notary Public, State of New York No. 01CA5079564 Qualified in Nassau County Commission Expires June 9, 20 2-3			