## 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:

Steve Moll/Island Public Affairs 542 North Country Road St. James, NY 11780 631-724-0017

(Janua	m. 1 to March 21				
	ry 1 to Maich 51	April 1 to May 31; June 1 to August 31; or September 1 to December 31			
lobbyi		ough 6 below, where a lobbyist is required to file this report, any such and or incurred any compensation or expenses for the period shall make			
	List below amounts for any compensation paid or owed to the lobbyist during the period e purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for purpose.				
	Amount \$12000	Details Retainer			
<b>4.</b> *	List below the c	mulative total amounts earned to date for lobbying year:			

	Amount 0					
6.	List below	List below the cumulative total amounts expended to date for lobbying year:				
	0					
		ring 7 through 10 below, you may attach a copy of your Lobbyist Registration rm, provided the information has not changed.)				
		er and where the lobbyist(s)/lobbying organization is registered as a lobbyist ty, New York State):				
	y York State folk County					
8. lobby	•	ress and telephone number of client(s) by whom, or on whose behalf, the i, employed or designated.				
111	T, Inc. Washington 436-1089	Avenue, Albany NY 12207				

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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
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10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.
None
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.

Steve Moll

**President** 

Sn	
Dated: July 14 2020	Signed:
	Print Name:
	Title:
STATE OF NEW YORK )  SCOUNTY OF NASSAU )  SS:	_
Sworn to before me this	77
Day of	_, 20
NOTARY PUBLIC	
KATHLEEN WEBER Notary Public, State of New York No. 01WE6204001 Qualified in Suffelk County	