COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

| 1. | Name, address and telephone number of lobbyist(s)/lobbying organization as it appears or |
|----|------------------------------------------------------------------------------------------|
| Lc | obbyist Registration and Disclosure Form: |

Shenker Russo & Clark LLP - Organization

Douglas Clark, Theresa Russo, Richard Lauricella, Ryan Horstmyer, Matthew Lauricella, Tracey Brooks, Maston Sansom, Michael Trunzo, Donna Clyne, Jill Sandhaas, Mia Wolfe, Michael Relyea

| Sandhaas, Mia | Wolfe, Michael Relyea | | | | |
|-----------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|
| 121 State Stree (518) 407-5800 | t, 4th Floor, Albany, NY 12207 | | | | |
| | | | | | |
| 2. Reporting | Reporting Period: April 1 to May 31 | | | | |
| (January 1 to Man | rch 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31 | | | | |
| • | ns 3 through 6 below, where a lobbyist is required to file this report, any sucl not earned or incurred any compensation or expenses for the period shall make herein) | | | | |
| | amounts for any compensation paid or owed to the lobbyist during the period of lobbying. Such amounts shall be detailed as to amount, to whom paid and fo | | | | |
| Amount | Details | | | | |
| \$17,000 | Paid to Shenker Russo & Clark for Government Affairs Counsel in Nassau County, Suffolk | | | | |
| | County and New York State | | | | |
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| 4. List below | the sumulative total amounts seemed to data for labeling years. | | | | |
| TIST DCION | the cumulative total amounts earned to date for lobbying year: | | | | |

\$42,500

| | | for any expenses expended or incurred by the lobbyist during the bbying. Such amounts shall be detailed as to amount, to whom paid | | | |
|------------------------------------------------------------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
| | Amount | Details None | | | |
| | | | | | |
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| | A | ,————————————————————————————————————— | | | |
| 6. List below the cumulative total amounts expended to date for lobbying year: \$0 | | | | | |
| | ΨΟ | | | | |
| | | ugh 10 below, you may attach a copy of your Lobbyist Registration ed the information has not changed.) | | | |
| 7. (e.g. N | List whether and who Jassau County, New Yo | ere the lobbyist(s)/lobbying organization is registered as a lobbyist ork State): | | | |
| Nass | au County, Suffolk C | ounty, New York State | | | |
| | | | | | |
| | | | | | |
| 8. lobbyi | Name, address and t | elephone number of client(s) by whom, or on whose behalf, the d or designated. | | | |
| New ` | York State Energy Co | palition | | | |
| 200 F | arkway Drive South, | Suite 202, Hauppauge, NY 11788 | | | |
| (212) | 695-1380 | | | | |

The name of persons, organizations or governmental entities before whom the lobbyist has

No lobbying was done in Nassau County on behalf of this client during this period.

lobbied during the period.

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: 682 | Signed: Print Name: Title: | Rehard Lauriella Coo |
|---------------------------------------------------|----------------------------|------------------------------------------------------------------------------------|
| STATE OF NEW YORK) ALBANY) COUNTY OF NASSAU) | | |
| Sworn to before me this 8th Day of June | _, 20 <u>2(</u> . | |
| Donna M Clyne NOTARY PUBLIC | | Donna M. Clyne Notary Public 02CL5038230 Albany County New York Commission Expires |