

## County of Nassau

## Lobbyist Annual Report

## For the reporting year 2021

 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

Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

Southern Land Company 3990 Hillsboro Pike, Suite 400 Nashville, TN 37215 615-778-3150

|  | ption of the subject or subjects on which each lobbyist retained, employed or<br>ach client has lobbied:   |
|--|--|
| lobbying activiti<br>real estate proje | es for approvals, if any, required by Nassau County in connection with<br>ect in Port Washington, New York |
|  |  |
| Names o None                           | f the persons and agencies before which such lobbyist has lobbied:   |
| 5. List belo                           | w amounts for any compensation paid or owed to the lobbyist during the prior                               |
| year for the purp<br>and for what pur  | loses of lobbying. Such amounts shall be detailed as to amount, to whom paid pose.                         |
| Amount                                 | Details  |
| 0.00                                   | NA   |
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| 6. List belo                            | w the cumulative total amounts earned for lobbying throughout the year:      |
| 7. List belo                            | w the expenses incurred or expensed by lobbyist for the purpose of lobbying: |
| Amount                                  | Details  |
| 0.00                                    | NA   |
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8. List below the cumulative total amounts expended for lobbying throughout the year:

## 0.00

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: 1/3/2~ | Signed:                   |  |
|---------------|---------------------------|--|
| 1             | Print Name: Craig Johnson |  |
|               | CFO                       |  |

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