\$5,392.00

## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

1.	Name, address	and telephone	number of	lobbyist(s)/lobby	ying org <mark>ani</mark>	zation as it	t appears on
Lobby	ist Registration	and Disclosure	Form:				

Josh Gold Uber Technologies, Inc. 1455 Market Street, Suite 400, San Francisco, CA 94103 415-986-2104

2.	Reporting Peri	od: September 1 - December 31, 2017
(Janua		1; April 1 to May 31; June 1 to August 31; or September 1 to December 31)
lobby		through 6 below, where a lobbyist is required to file this report, any such carned or incurred any compensation or expenses for the period shall make n)
		ounts for any compensation paid or owed to the lobbyist during the period obying. Such amounts shall be detailed as to amount, to whom paid and for
	Amount	Details
	\$914.00	Compensation paid to Josh Gold for lobbying services during the reporting period.
	1	
4.	List below the	cumulative total amounts earned to date for lobbying year:

415-986-2104

	Amount N/A	Details				
	IV/A					
	-					
6.	List below t	the cumulative total amounts expended to date for lobbying year:				
	N/A					
		ing 7 through 10 below, you may attach a copy of your Lobbyist Registration m, provided the information has not changed.)				
7. (e.g. ]		er and where the lobbyist(s)/lobbying organization is registered as a lobbyist y, New York State):				
New	York City, N	lew York State, Suffolk County and Nassau County.				
8. lobby		ress and telephone number of client(s) by whom, or on whose behalf, the , employed or designated.				
	r Technologie					
1455	Market Stre	et. Suite 400. San Francisco, CA 94103				

Nassau County Attorney, Christi Kunzig; Nassau County Taxi and Limousine

Commission, Greg May.

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: 1/16/2018	Signed: Print Name: Title:	Jason Post Communications Director, East
STATE OF NEW YORK )  COUNTY OF NASSAU )  Sworn to before me this		
Latherne Mayon NOTARY PUBLIC	, 20 <u>18</u>	KATHERINE MASON  NOTARY PUBLIC-STATE OF NEW YORK  NO 01MA6335989  QUALIFIED IN NEW YORK COUNTY  MY COMMISSION EXPIRES 01 25-2020