## **COUNTY OF NASSAU**

## LOBBYIST PERIODIC REPORT FORM

| 1.    | Name, address    | and telephone: | number o | f lobbyist(s). | /lobbying | organization | as it ap | pears on |
|-------|------------------|----------------|----------|----------------|-----------|--------------|----------|----------|
| Lobby | ist Registration | and Disclosure | Form:    |                |           |              |          |          |

OSTROFF ASSOCIATES, 150 STATE STREET, ALBANY NY 12207, 518-436-6202 DIANA ERLICH, EVAN SULLIVAN, CHRISTOPHER BOMBARDIER

|  | Reporting Period: JUNE 1-AUGUST 31, 2018  nuary 1 to March 31; April 1 to May 31; June 1 to August 31; or September 1 to December 31)   |   |  |  |  |  |  |
|--|---|---|--|--|--|--|--|
|  |   |   |  |  |  |  |  |
| lobbyis  |   | 6 below, where a lobbyist is required to file this report, any such r incurred any compensation or expenses for the period shall make |  |  |  |  |  |
| for the  | 3. List below amounts for any compensation paid or owed to the lobbyist during the period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid and for what purpose. |   |  |  |  |  |  |
|  | Amount<br>N/A   | Details  COMPENSATION PAID FOR STATE LOBBYING. NO COMPENSATION SPECIFIC TO NASSAU COUNTY.   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
|  |   |   |  |  |  |  |  |
| 4. List below the cumulative total amounts earned to date for lobbying year: |   |   |  |  |  |  |  |
|  | N/A   |   |  |  |  |  |  |

American Traffic Solutions, Inc.

Tempe, Arizona 85282

(480) 596-4673

1330 West Southern Avenue, Suite 101

|               | Amount<br>N/A                                 | Details<br>N/A   |
|---------------|---|--|
|               | IN/A  | N/A  |
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
| 6.            | List below the cumu                           | lative total amounts expended to date for lobbying year:   |
|               | N/A   |  |
|               |   |  |
| (In lie and D | eu of completing 7 throisclosure Form, provid | ough 10 below, you may attach a copy of your Lobbyist Registration ded the information has not changed.) |
| 7.<br>(e.g. N | List whether and whassau County, New Y        | nere the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):                       |
| NEW           | YORK STATE, NE                                | W YORK CITY, NASSAU COUNTY   |
|               |   |  |
|               |   |  |
|               |   |  |
|               |   |  |
| 8.<br>lobbyi  | Name, address and ist is retained, employe    | telephone number of client(s) by whom, or on whose behalf, the ed or designated.                         |

List below amounts for any expenses expended or incurred by the lobbyist during the

period for the purposes of lobbying. Such amounts shall be detailed as to amount, to whom paid

| Covanta Energy, LLC 445 South Street Morristown, NJ 07960 Phone: 732-274-1400  |
|--|
| O Describe Johksing activity and identify  |
| 9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period. |
| NO LOBBYING ACTIVITY THIS PERIOD.  |
|  |
|  |
|  |
|  |
|  |
| 10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.                                      |
| NO LOBBYING ACTIVITY THIS 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: 9/13/2018                           | Signed: Print Name: |                   |
|--|---------------------|-------------------|
|  | I IIII Ivaille.     | CHES BOMBARDIER   |
|  | Title:              | MANAGING DIRECTOR |
| STATE OF NEW YORK ) COUNTY OF NASSAU ) SS: |                     |                   |
| Sworn to before me this 13th               |                     |                   |
| Day of September                           | _, 20 <u>18</u> .   |                   |
| Chantel Ope Burnast                        |                     |                   |

CHANTEL JYL BURNASH
NOTARY PUBLIC-STATE OF NEW YORK
No. 01BU6345281
Qualified In Albany County
My Commission Expires 07-25-2020