## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

1.	Name, address	and telephone	number of	lobbyist(s)/l	obbying o	organization as	it appears	or
Lobby	ist Registration	and Disclosure	Form:					

SCO Family of Services
1 Alexander Place, Glen Cove, NY 11542 (516) 671-1253

Keith Little (employee) 584 Edgemere Avenue, Uniondale, NY 11553 (516) 242-7188 Rose Anello (employee) 444 East 82nd Street, Apt. 14J, New York, NY 10028 (917) 690-2869

Madeline Martinez (employee) 4 Betts Place, Mastic, NY 11950 (631) 772-2632 Karolina Veprek (employee) 42 Viola Drive, Glen Cove, NY 11542 (347) 423-8084

Karolina Veprek (empl	oyee) 42 Viola Drive, Glen Cove, NY 11542 (347) 423-8084
Reporting Period:	January 1 to March 31, 2019
(January 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31)
lobbyist that has not earn such a statement herein)  3. List below amount for the purposes of lobby	rough 6 below, where a lobbyist is required to file this report, any such ned or incurred any compensation or expenses for the period shall make not for any compensation paid or owed to the lobbyist during the period ring. Such amounts shall be detailed as to amount, to whom paid and for
what purpose.	
Amount Not Applicable	Details Not Applicable

4.	List below the cumulative total amounts earned to date for lobbying year:
	Not Applicable

	Amount	Details				
	Not Applicable	Not Applicable				
6.	List below the cumu	lative total amounts expended to date for lobbying year:				
		ough 10 below, you may attach a copy of your Lobbyist Registration ded the information has not changed.)				
7. (e.g. N	List whether and whassau County, New Y	here the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):				
	•	s registered as a lobbyist with: Nassau County, Suffolk and New York State.				
0						
8. lobbyi	Name, address and st is retained, employed	telephone number of client(s) by whom, or on whose behalf, the ed or designated.				
1 Ale	Family of Services xander Place, Glen 671-1253	Cove, NY 11542				

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Not Applicable
9. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed, during the Reporting Period.
Not Applicable
10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.
Not Applicable

Qualified in Nassau County Commission Expires June 9, 20

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: 4/1/19		Signed: Print Name:	Keith M. Little
		Title:	Executive Director
STATE OF NEW YORK  )  COUNTY OF NASSAU  Sworn to before me this  Day of April  CLIZABETH CAIAFA  Notary Public, State of New York  No. 01CA5079564	SS:	, 20 <u>19</u> .	