## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

1. Name, address and telephone number of lobbyist(s)/lobbying organization as it appears on Lobbyist Registration and Disclosure Form:

Mr. Robert McBride McBride Consulting and Business Development Group 215 Willis Ave Mineola, NY 11501 (516) 414-8400

2.	Reporting Period	: April 1 to May 31 2019		
(Janua	ry 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31)		
lobbyi		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		
		nts for any compensation paid or owed to the lobbyist during the period ying. Such amounts shall be detailed as to amount, to whom paid and for		
	Amount \$2500.00	Details April 2019 Retainer Fee		
	\$2500.00	May 2019 Retainer Fee		
		,		
4.	List below the cumulative total amounts earned to date for lobbying year:			
	\$12,500.00			

		for any expenses expended or incurred by the lobbyist during the obying. Such amounts shall be detailed as to amount, to whom paid
	Amount n/a	Details
		·
6.	List below the cumula \$0	ative total amounts expended to date for lobbying year:
		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 assau County, New Yo	ere the lobbyist(s)/lobbying organization is registered as a lobbyist ork State):
Regis	tered in Nassau Cou	nty, New York State
Stand 27 E.	Name, address and t st is retained, employed ard Valuation Service Main St. la, NY 11501	<del>*</del>

Page 3 of 4				
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 Activity Conducted During Reporting Period				
Type				
10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.				
No Lobbying Activity During Reporting Period				

1'

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

Signed:

Robert McBride

Print Name:

President & CEO

Title:

STATE OF NEW YORK

SS:

**COUNTY OF NASSAU** 

Sworn to before me this

Λ

20 19

NOTARY PUBLIC

Day of

MARCOS MALDONADO

NOTARY PUBLIC, STATE OF NEW YOF Registration No. 01MA6371942

Qualified in Suffolk County

My Commission Expires: 3-19-22