COUNTY OF NASSAU

LOBBYIST PERIODIC REPORT FORM

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

Robert McBride McBride Consulting & Business Development Group 215 Willis Ave. Mineola, NY 11501

2.	Reporting Period:	April 1 to May 31 2019
(Janua	ry 1 to March 31; Ap	ril 1 to May 31; June 1 to August 31; or September 1 to December 31
lobbyi	for Sections 3 throust that has not earned statement herein)	gh 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make
3. for the what p	List below amounts purposes of lobbying ourpose.	for any compensation paid or owed to the lobbyist during the period g. Such amounts shall be detailed as to amount, to whom paid and for
	Amount \$2,500.00	Details April 2019 Retainer Fee
	\$2,500.00	May 2019 Retainer Fee
4.	List below the cumu \$12,500.00	lative total amounts earned to date for lobbying year:

	Amount	Details			
	<u>N/A</u>	No expenses for reporting period			
6.	List below the cumulative total amounts expended to date for lobbying year:				
	\$400				
		through 10 below, you may attach a copy of your Lobbyist Registration rovided the information has not changed.)			
7. (e.g.	List whether and Nassau County, No	d where the lobbyist(s)/lobbying organization is registered as a lobbyist ew York State):			
Nas	sau County, New	York State			
8. lobby		and telephone number of client(s) by whom, or on whose behalf, the bloyed or designated.			
Smit 27 E	h & Degroat Rea Jericho Turnpik eola, NY 11501	Estate			

The name of persons, organizations or governmental entities before whom the lobbyist has

lobbied during the period.

No Lobbying During Reporting Period

NOTARY PUBLIC

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: 8/1/2019 Signed: Robert McBride Print Name: President & CEO Title: STATE OF NEW YORK SS: COUNTY OF NASSAU Sworn to before me this ____ MARCOS MALDONADO NOTARY PUBLIC, STATE OF NEW YORK Day of August .20/9. Registration No. 01MA6371942 Qualified in Suffolk County

My Commission Expires: 3-19-22