80,000.00

## 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: June 1 to August 31		
(Janua	ary 1 to March 31;	April 1 to May 31; June 1 to August 31; or September 1 to December 31)	
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	
		ents 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	Details	
	\$10,000.00	June 2019 Retainer Fee	
	\$10,000.00	July 2019 Retainer Fee	
	\$10,000.00	August 2019 Retainer Fee	
4.	List below the cu	imulative total amounts earned to date for lobbying year:	

period		bbying. Such amounts shall be detailed as to amount, to whom paid
una ro	Amount	Details
6.	List below the cumulative total amounts expended to date for lobbying year:  \$400	
		ough 10 below, you may attach a copy of your Lobbyist Registration led 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):
Regis	stered in Nassau Co	unty, New York State
8.		telephone number of client(s) by whom, or on whose behalf, the
Trans Beve 720 E Suite	ist is retained, employe sdev, NA rly Wedin East Butterfield Rd. 300 pard, IL 60148	ed or designated.

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: 8/3///\$

Signed:

Robert/McBride

Print Name:

Title:

President & CEO

STATE OF NEW YORK

SS:

**COUNTY OF NASSAU** 

Sworn to before me this

Day of

20 1/2.

NOTARY PUBLIC

MARCOS MALDONADO

NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01MA6371942 Qualified in Suffolk County

My Commission Expires: 3-19-22