COUNTY OF NASSAU

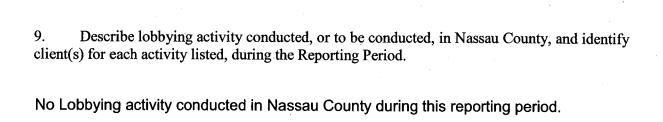
LOBBYIST PERIODIC REPORT FORM

1.	Name,	address	and tele	phone num	ıber of l	lobbyist(s)/lobbying	organiza	ition as it	appears on
Lobby				losure For						

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
Madeline Martinez (employee) 4 Betts Place, Mastic, NY 11950 (631) 772-2632
Theresa E. Hassler (employee) 526 West 146th Street, Apt. 2N, New York, NY 10031 (516) 471-0279

2.	Reporting Period: April 1 to May 31					
(Janua	ary 1 to March	31; April	1 1 to May 31; June 1 to August 31; or September 1 to December 31)			
lobby		earned o	n 6 below, where a lobbyist is required to file this report, any such or incurred any compensation or expenses for the period shall make			
			or any compensation paid or owed to the lobbyist during the period Such amounts shall be detailed as to amount, to whom paid and for			
	Amount		Details			
	\$0	•	No Lobbying activities and no compensation paid during this period.			
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	•					
			·			
4.	List below th	e cumula	tive total amounts earned to date for lobbying year:			
•	\$ 0					
						

\$0 		
		Details No Lobbying activities and no expenses paid during this period.
		
		
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6. Lis	t below the cum	ulative total amounts expended to date for lobbying year:
c o		
\$0		
	*	
		rided the information has not changed.) where the lobbyist(s)/lobbying organization is registered as a lobbyi
(e.g. Nassa	u County, New	York State):
SCO Fam	nily of Services New York City, a	is registered as a lobbyist with: Nassau County, Suffolk and New York State.
County, N		
County, N 8. Nar		I telephone number of client(s) by whom, or on whose behalf, the yed or designated.
County, N 8. Nar lobbyist is		yed or designated.



10. The name of persons, organizations or governmental entities before whom the lobbyist has lobbied during the period.

No organizations or governmental entities were lobbied this reporting 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: <u>06-16-2020</u>	Signed:	Keith M. Little
		President & CEO
	Title:	
STATE OF NEW YORK) COUNTY OF NASSAU) SS:		
Sworn to before me this/6 ** Day of		
NOTARY PUBLIC	1	

Kathleen A. Ellis
Notary Public, State of New York
Registration No. 01EL6305405
Qualified in Suffolk County
Commission Expires on June 09, 20