## COUNTY OF NASSAU

## LOBBYIST PERIODIC REPORT FORM

	ame, address and tele Registration and Disc	phone number of lobbyist(s)/lobbying organization as it appears on closure Form:
Mar	e Herbst	(631) 231-5422
		ntractors' Association
150	Motor Pa	erknay, Suite 307
		NY 71788
2. Re	eporting Period:	1pril 1-7 May 31
(January	1 to March 31; April	1 to May 31; June 1 to August 31; or September 1 to December 31)
lobbyist t	_	6 below, where a lobbyist is required to file this report, any such incurred any compensation or expenses for the period shall make
	irposes of lobbying.	r any compensation paid or owed to the lobbyist during the period Such amounts shall be detailed as to amount, to whom paid and for
	mount	Details
_		
****		
_		
_		
_		
4. L	ist below the cumula	tive total amounts earned to date for lobbying year:
Ľ	rone	

		for any expenses expended or incurred by the lobbyist during the obbying. Such amounts shall be detailed as to amount, to whom paid
	Amount	Details
6.	List below the cumu	lative total amounts expended to date for lobbying year:
	none	·
,		ough 10 below, you may attach a copy of your Lobbyist Registration ded the information has not changed.)
7. (e.g. ]	List whether and wind Nassau County, New Y	here the lobbyist(s)/lobbying organization is registered as a lobbyist York State):
Su	ffolk Cour	rfy
Na	ssau Cou	nty
Nei	N York Sto	cte
8. lobby	Name, address and vist is retained, employ	telephone number of client(s) by whom, or on whose behalf, the red or designated.
LOI	ng Island	Contractors' Association
15	o Motor F	Contractors' Association Parkway, Suite 307
110	auppauge	NY 11788
(6:	31)231-54	NY 11788 22

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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: 6/2/2017

Signed:

Marc Herbst

Title:

Print Name:

Executive Director

STATE OF NEW YORK

SS:

COUNTY OF NASSAU

Sworn to before me this 2nd

Day of

20/7

NOTARY PUBLIC

STATE
OF NEW YORK

NOTARY PUBLIC
Qualified in Nassau County
018A6347304

OV EXPIRES